

# Medical Economics

JUNE  
1944



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# Medical Economics

THE BUSINESS MAGAZINE OF

THE MEDICAL PROFESSION



JUNE 1944

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# *Speaking Frankly*

## *Demobilized Doctor*

It has been suggested that we adopt the British plan of preserving the practice of a physician in service by returning his patients to him after he's been demobilized, and refusing to treat them until he's re-established a year.

I thoroughly disagree. The patient is the master of his own destiny, and if I tell him he'll have to go back to Dr. Jones he'll tell me to go to hell. If I refuse to treat him he'll get stubborn, and go to any physician *but* Dr. Jones.

M.D., South Carolina

The doctor who comes out of service is not going to have an office; he's not going to have a practice; he's not going to have anything. So what is he going to do? If socialized medicine comes along and offers to pay his rent, he's going to be for it.

M.D., Wisconsin

## *National Reciprocity*

Nation-wide reciprocity, enabling a man licensed in one state to practice in all of them, just isn't practicable. Do you suppose that Florida, for instance, would throw its doors open to men from all over the country so that they could go down there for two or three months in the winter and compete with native sons?

As a matter of fact, most states now accept diplomas of the National Board of Medical Examiners. If a doctor is anxious to jump around

from one state to another, let him pass the NBME examination, and he'll be relatively free to practice where he chooses.

M.D., New Jersey

We have some physicians opposing the Wagner bill with one breath and proposing Federal licensure with the next. What purpose would it serve? Physicians aren't medicine show proprietors, traveling from one town to the next and from one state to another. Reciprocity, yes; national licensure, no. We have enough trouble as it is in keeping the socialized toe out of the door.

M.D. New Jersey

## *Hospital Offices*

While I do not use the office facilities that Evanston Hospital, Evanston, Ill., maintains for private practice by staff members, a good many of my colleagues do, and I have listened in on their discussions, pro and con, of the arrangement you recently described. Criticism is confined mostly to minor aspects; on the whole, physicians find the set-up an advantageous one. Almost to a man, they scoff at the suggestion that wide adoption of the Evanston plan might set the stage for hospital control of medicine.

Opinion seems divided as to whether the hospital should be developed as the health center of the community. One man frankly condemns the proposal because he feels



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MASS.

that hospital-office practice might lead to a drastic cutting of fees and reduction of income. Another has remarked that the physician with mediocre talents might be excluded from the hospital medical center and eventually be frozen out of practice. (This, others add, might be a good idea.)

Some of the advantages cited by Evanston practitioners follow:

Most staff men spend their mornings at the hospital and thus are able to see patients who cannot make afternoon appointments for attention in the doctors' private offices.

Top-notch diagnostic equipment is available.

The hospital records of convalescent patients are always at hand.

### Disadvantages:

Necessity of making duplicate case records for hospital office and private office.

No dictaphone to record the results of examinations.

Poor traffic control.

Noisy children in the reception room because no separate facilities have been provided for pediatricians.

M.D., Illinois

### Group Practice

Medical groups are the refuge of the professionally timid and uncertain. Eventually they become dynasties like the large law firms—with two or three big shots doing the bossing and a lot of Caspar Milquetoasts doing the work.

M.D., New York

Bernard Baruch has donated a considerable sum for research in the field of physical medicine. Later, it is reported, he may put the bulk of his fortune into the project. My reaction (with apologies for discussing another

# This is a Transfusion!

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NEED THEM, TOO



IN MODERN war, fright, shock—no less than wounded flesh—sap fortitude, shrink staying power. Restoring fighters' morale is a constant concern of the military doctor. Whether under front-line fire or sheltered in a base hospital, he knows the lift of a friendly smile, a helping hand—a cheering talk over a cigarette. A Camel, most likely, the first choice of service men.\* It's a busy life for the medical officer. He too appreciates precious moments of relaxation...with a Camel.

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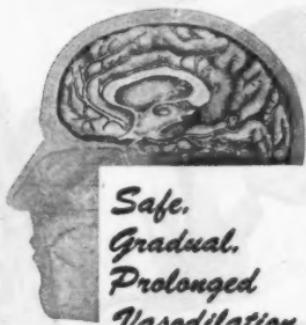
\*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)



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New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N.Y.

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er man's philanthropies) is that the money might be used to better advantage elsewhere in the field of medicine. Physiotherapy, after all, is but an adjunct of medicine, of which diagnosis is the core.

Were I in the confidence of a philanthropist I'd suggest that a revolving fund be established for the furtherance of group medicine. Doctors would be encouraged to practice in groups of three to ten, and loaned from \$10,000 to \$50,000—the money to be repaid without interest over a period of years. Clinic buildings could be erected and equipped to fill the most pressing need of the day: a sound medical diagnosis arrived at by combined medical minds, at a reasonable fee, and in a minimum of time. Over a period of years, several hundred such groups could set the standards of medical practice at high levels.

Edward R. Robbins, M.D.  
Detroit, Mich.

You couldn't get me into one of those private medical groups. There are too many lame ducks in them who have to be helped along by others. I'm not going to carry their burdens.

M.D., Michigan

### *Impotent*

Why is organized medicine so impotent in the face of autocratic hospital administration? I am on the staff of two institutions that are often filled to capacity. Consequently I applied some time ago for staff membership in a larger hospital where I'd been doing some non-staff work. I've yet to receive as much as a reply.

Men of my acquaintance—competent practitioners, graduates of good schools, some of them even officials of their county societies—have had



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the same experience. I'd like to see physicians bring forward their opinions and suggestions on this situation in MEDICAL ECONOMICS.

M.D., Pennsylvania

### High Surgical Fees

Some of my colleagues feel that surgeons' and specialists' fees are too high, and that this has led to an increased demand for state medicine. That's the bunk. Any good man who can collect a high fee once in a while is entitled to it.

I received \$5,000 for an operation last month. The patient died, and his estate is paying half a million dollars in inheritance taxes. A \$5,000 fee meant no more to that man than \$100 would mean to someone else. On the other hand, my sixty-five beds in the city hospital are filled year after year. Averaging what I receive from these patients with my other fees, I make about \$30 a case.

M.D., Ohio

### AAPS

Indiana's Lake County Medical Society has been doing a good job, from all accounts, in its public relations work. But now that it has formed the Association of American Physicians and Surgeons, and donned Lochinvar's armor for the descent on Washington, I'm afraid it's in for some rude shocks.

M.D., New York

Well, we're sowing the whirlwind. For decades we've tacitly encouraged that old bromide, "The physician is a babe in arms when it comes to business," until now people believe it implicitly. That's why there's only a handful of physicians in Congress. People say, "Dr. Smith is a wonderful physician, but he doesn't know

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any more about how the country should be run than a schoolboy." Lawyers and architects never stood for any nonsense like that, so they have no Wagner bill to contend with. It's time we dropped our pose of dreamy idealism and started to bring home to the people the fact that we are just as competent to judge political and economic schemes as anyone else. And the AAPS is the organization that can do it for us.

M.D., California

Not in restraint of trade? The AAPS, by its own rules, excludes physicians who are not members of the county society. It further requires its members, when they achieve a certain strength, to refuse to collaborate with the practitioners it has excluded.

That may be legal—I imagine the courts will decide upon it. But it certainly doesn't square with the aim of the AAPS: the right of self determination in a democracy.

M.D., Louisiana

As I understand it, if a non-AAPS physician in an emergency were to call upon, let us say, a surgeon who is a member, the latter would refuse to "associate professionally with him." If that wouldn't constitute a strike against public safety I don't know what would. All the profession needs is just one tragedy for the newspapers to get their teeth into; then AAPS members can explain it to their patients.

M.D., Wisconsin

## Federal Medicine

After thirty-five years of practice I know there are only two classes of people who get *good* medical care: the very rich and the very poor. The

# Throat Chemotherapy without Systemic Toxicity

White's Sulfathiazole Gum provides a high and very *prolonged* salivary concentration of *locally active* sulfathiazole throughout the whole oropharyngeal area—with almost negligible elevation of the blood level.

One tablet, chewed for one-half to one hour, promptly initiates a high salivary concentration of dissolved sulfathiazole—and *maintains* throughout a full hour's chewing period, an average concentration of 70 mg. per cent.

Yet even with *maximal* dosage, and even in children, resultant blood levels are not

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middle class seldom gets good care, and when it does it is generally at the cost of going into debt. Consequently I believe that these Americans deserve, just as the infected now may get free treatment for gonorrhea and syphilis. In my city, not only is diagnosis made available without cost by the U.S. Public Health Service, but all medications as well. Such an arrangement should be made to take care of all types of illness for those who can't afford full medical attention.

M.D., Montana

## UPLH

I'm convinced that the United Public Health League, judging by its California record and the calm statement of purposes by its chairman, Dr. Dwight H. Murray, offers medicine the best chance for effective Washington representation. We shall have to meet Congress with a give-and-take attitude and not with any ultimatum of "You do it our way or we won't play."

M.D., Vermont

## Blister on Sciatica

The "Malpractice Prophylaxis" series is well-written, informative, and a little frightening. When I read what a man has to do to avoid suits I have an urge to give up medicine and become a farmer.

*Don't abandon the patient.* Trouble is, my patients abandon me when they don't like my treatment or agree on diagnosis.

*Give proper follow-up care.* Try and do it! People say, "That doctor is a crook . . . he's money mad . . . he mulcts the poor!"

*Use laboratory aids.* "Dr. Jones ex-



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Dosage: 1 to 2 capsules, 3 to 4 times daily.

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Ethical protective  
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**ERGOAPIOL**

THE PREFERRED UTERINE TONIC

amined me and my history and said I had gall bladder trouble. This other nitwit wants X-rays. He must be inexperienced. I'm going to give him up."

*Make sufficient visits.* What is sufficient? Too few and you're not attending the patient properly; too many and you're an avaricious bleed'er.

*Leave proper instructions.* Then what? "I didn't hear you say anything of the kind, doctor."

Thank God most of my patients are human and understanding: "Doctor, your diathermy machine burned me last time—I didn't feel it until I got home. Look at that blister along my sciatica! My grandmother says it will do me a world of good, because it's just like an old-fashioned cantharides plaster!"

Life can be beautiful. I think I'll stay in medicine—farming must be a boring job.

M.D., New York

#### P.G. Study

In sections where the theory of education is most advanced, postgraduate training of teachers is considered essential to a high standard of proficiency. Isn't that also true of medicine—considering the tremendous developments of this era? I think that we can look forward to the time, in the very near future, when doctors will be required to spend at least three weeks a year in refresher or postgraduate study.

M.D., Michigan

Require doctors to report, every five years, just what postgraduate work they have done. Authorize licensure boards to establish a minimum standard of study.

M.D., Virginia

# NICOTINE CONTENT Sidelights

Medical education faces a stupendous task: It must provide postgraduate training for an estimated 8,000 new industrial physicians and for at least 30,000 medical officers as they are discharged from military service. The postwar demand for residencies will be acute, as will the demand for courses of instruction at points easily accessible to the average practitioner.

The need will be met, however; for in educational planning we've begun to learn something about teamwork, as witness the success of the Wartime Graduate Medical Meetings sponsored jointly by the American Medical Association, the American College of Surgeons, and the American College of Physicians. The encouraging part of it is that in the long run the entire profession will benefit. Methods of bringing better postgraduate training to more physicians have long been needed. Here is but another example of the way war enriches at the same time it impoverishes.

What would you conclude if you read that new cases of tuberculosis registered with the department of health in your city had decreased 20 per cent in the past year and that the number of patients in hospitals for the tuberculous had decreased 15 per cent?

Well, if you lived in New York City, you'd be wrong. For while the figures cited are true, the significant

fact is that during the same period the tuberculosis death rate rose 3.7 per cent. The incongruity stems evidently from an inclination among people to ignore symptoms and to forego hospitalization as long as business and industrial activity continues at its present high pitch. It reminds us again not to take statistics always at their face value.



If your patient load is getting you down, Lieut. Gen. Robert Kho-sheng Lim may bring you solace. General Lim, of the Chinese Army Medical Service, reports that in his country today, including the occupied portion, there are only 11,000 physicians to care for 457,000,000 people—a ratio of about 41,000 persons per doctor!

Who's busy now?



For a liberal education in how to distort facts, the layman need do no more than read one of Marshall Field's so-called newspapers. PM, to illustrate, hits a new low (in a series of lows) with the publication of an article on the EMIC program. After reducing the reader to tears with the title, "AMA Fights Plan to Aid Soldiers' Wives and Babies," it incites him to riot wth the blurb, "Spokesman Urges System Which Would Benefit Unscrupulous Doctors." The story then goes on to divulge how Dr. W. W. Bauer, director of the AMA Bureau of Health Education, sought

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tobacco smoke. With Sano, the nicotine is actually removed from the tobacco itself. Sano guarantees always less than 1% nicotine content. Yet Sano are a delightful and satisfying smoke.

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For Physicians

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at a Congressional hearing to influence conversion of the program from a service to a cash-allotment basis.

We hold no brief for Dr. Bauer, but we do say: Let criticism be just. Mr. Field's editors are stooping pretty low to build circulation.



We might have seen it in a store window, but there it was instead on the wall of a physician's waiting room: a sign reading, "Pictures on Display by Acme Studios. Inquire Here." Grouped around the sign was an assortment of sepia and hand-tinted prints of service men, young women, and babies. Inquiry revealed that we, too, could have our picture taken, for \$2 plain, \$3 tinted, by going to 26 South Main St.

Somehow it reminded us of a sign we had once seen in another doctor's office: "Don't Take Books or Magazines Away." Those two practitioners should meet; they would have a lot in common.



Keeping one's eye on the ball these days is not always enough. There may be more than one ball.

The Wagner bill, for instance, deserves watching. But so do local schemes, such as that sponsored by New York's Mayor LaGuardia (see page 48). If successful, it would encourage experiments in other localities—perhaps even serve as a pattern for a national, compulsory system.

Allowing a governmental unit to get the jump on us by announcing a prepayment plan before we do is likely to be an expensive tactical error. It puts us in a position, when our own plan is subsequently announced, of having apparently hatched it as a political expedient.

# *Editorial*

## **Don't Let Them Down!**

"Please help keep the practice of medicine out of Government control!"

This plea, from a medical officer in the ETO, expresses the sentiments of his brother officers in a good many corners of the globe. It is addressed not just to this magazine but to every physician and medical organization on the U.S. home front. It prompts us all to ask ourselves the question:

"Are we doing everything we can to stop state medicine?"

None of us will unwittingly let the service man down. But we may do it unwittingly if our vigilance is anything less than constant. The Wagner-Murray-Dingell program has wilted in the heat of the latest Congressional session. But, sure as there is another spring, it will bloom again—if not under the same name, then under another. And it won't smell any sweeter.

Every medical society in the country should have a committee to help preserve free medicine. Such committees should tell the doctor in service about the problems they're up against and how

they're attempting to counter them. Let them assure him that if it is humanly possible to do so his civilian colleagues will keep political opportunism out of medicine.

He will be grateful for this assurance. It will help his morale. For thoughts of private practice and of what is happening to it are often a weight on his mind (as shown by the MEDICAL ECONOMICS poll among service doctors, reported on page 36 of this issue).

More than anything else, the men who are fighting for us want a chance after the war to pick up where they left off. The least we at home can do is to try to assure them that chance. Legislation of the Wagner variety must not be permitted to pass at a time when so many of our profession are absent from the country on active duty. They're entitled to express themselves at least on a proposal that would, if adopted, revolutionize the practice of their profession. They haven't forgotten Prohibition.

—H. SHERIDAN BAKETEL, M.D.

## Poll Shows Service Doctors Worried About Future

*Loss of skill, financial uncertainty,  
Wagner bill are major concerns*

Carrying the vexing problem of the service physician's postwar status directly to the men most concerned, MEDICAL ECONOMICS has completed a poll among medical officers on active duty with the Army and Navy. Results, now tabulated, indicate that while most of these officers are planning for the future (see opposite page) they are plagued by uncertainties over which they have no control. Their greatest concerns are (1) how to catch up professionally after the war with their colleagues who remained at home; (2) how to finance their reestablishment in private practice; and (3) how to forestall possible socialization of medicine during the present period while they're in the service.

Although the vast majority intend to return to civilian practice, many are dubious about their fitness to engage in it. Relatively few feel they will need no postgraduate or refresher courses, and they include men whose peacetime specialties have been utilized in military practice—e.g., surgeons and psychiatrists.

The poll elicited comments not only on the need for postwar re-

education but also on the demobilized doctor's ability to pay for it. Many respondents felt that the Government should finance refresher courses.

One requested the editors "to help start the ball rolling for a plan of medical education—Government-sponsored or otherwise—whereby some of us can become doctors again." Another thought it was up to the services to re-educate practitioners before demobilizing them.

Still another contended that medical organization at home should solve the problem. "A lot of us need only one thing in the way of help when we return," he said, "and that is hospital residencies of six months or a year. All the present talk about financial help or loans from societies, return of patients, etc., is hooey. Let the profession at home concentrate, instead, on organizing residencies that will be available to us without cost and without a mad scramble."

In this connection, one medical officer declared that hospitals should assume part of the burden: "If they paid their residents

## What Medical Officers Think

MEDICAL ECONOMICS has queried a large number of physicians in service about their plans for postwar practice. The principal questions asked of them and the percentage weights of their replies appear below.

- Do you expect to remain in service indefinitely after the war?  
Probably: 5%. Probably not: 95%.
- Do you plan to resume practice in your former city or town?  
Yes: 64%. No: 13.7%. Undecided: 22.3%.
- Do you plan to occupy the same office or a different one?  
Same: 40%. Different: 38%. Undecided: 22%.
- Do you plan to practice alone, or in a group or partnership?  
Alone: 62.7%. Group or partnership: 34%. Undecided: 3.3%.
- Do you plan any postgraduate work before re-entering practice?  
Yes: 56.4%. No: 25.3%. Undecided: 18.3%.
- Did you specialize before the war?  
Yes: 57%. No: 43%.
- Do you intend to engage in the same specialty after the war?  
Same: 68.1%. Different: 22.7%. Undecided: 9.2%.
- Where is your pre-war equipment?  
Stored: 41.6%. In office: 26%. Loaned: 19.9%. Sold: 12.5%

enough to live on, many a returning physician could get postgraduate training without borrowing money."

The financial strain of re-establishing a civilian practice will be felt not only by the younger man who built up no reserve before

entering the service, but also by the more mature practitioner. One who left a long-established clientele reported that Army service had entailed a severe financial loss. He added: "I've already borrowed the limit on my life insurance to help my family while I'm

away. I'll have to face a large mortgage on my return. I can't borrow any more. Does the Government intend to help me?"

Another estimated that "We'll need from \$3,000 to \$5,000 each just to renovate our cars, equipment, offices, etc."

A young officer suggested that "Since many of us after the war will be in no position to buy equipment and supplies, the Government should furnish us with whatever we need from its stock of war surpluses."

Uncertainty about postwar domestic conditions has entirely discouraged some men from trying to decide where they will resume practice. Those who believe socialized medicine will be imposed on the country before they return conclude that their locations will be decided for them.

Others say they wish organized medicine would establish an efficient placement bureau to which they could turn.

The poll gives little substance to the home-front bugaboo that medical officers have become so infatuated with Government service that they won't be content to return to private practice after the war. Many a respondent, while tolerant of military medicine under existing conditions, made clear his eagerness to get out of service at the earliest moment.

Medical officers, almost without exception, retain a keen interest in the problems of domestic practice. They have definite ideas, for instance, on the distribution of medical costs among the indigent and low-income groups. These ideas will be reported at length in a later issue.

## Posterior View

*D*uring my last year in medical school I worked nights and weekends at a small hospital. Once a week I slept at the hospital, using one of the vacant rooms. Ordinarily I would inform the night supervisor which room I intended to occupy; but one night I forgot. Early next morning when the day nurses had come on duty, one of them barged into the room, shut the window, and reached for the rectal thermometer.

Being a sound sleeper, I didn't awaken fully until she had pulled down the bedclothes and was inserting the instrument into my other end (I wear only the tops of my pajamas.) As I opened my eyes, I recognized my awakener: the most sedate old maid on our nursing staff. At the same time, she recognized me. Dropping the thermometer, she rushed out of the room, shrieking "Oh, Dr. Adams!" Although the incident occurred some years ago, she still blushes furiously every time I meet her in the corridors.

—W. F. ADAMS, M.D.

# Status of V.D. Control Program

## Reported by USPHS

*Progress, while discernible,  
is slow and spotty*



The U.S. Public Health Service has completed a study of venereal diseases among industrial workers. Statistics for the last six months of 1943, contrasted with those of the same period of 1942, disclose (1) that new cases of syphilis declined 16 per cent (but increased in the 14-to-24 age group); and (2) that new cases of gonorrhea increased 11 per cent.

New gonorrhea cases rose numerically from 137,000 to 158,000; new syphilis cases declined from 290,000 to 245,000. An all-over V.D. total of 861,000 cases was reported for fiscal 1943, exceeding by nearly 70 per cent a combined total of 514,300 cases of diphtheria, malaria, meningitis, pneumonia, poliomyelitis, scarlet fever, smallpox, tuberculosis, typhus, typhoid, and paratyphoid.

Since the V.D. total was composed of 579,000 syphilis and 282,000 gonorrhea cases, the attack rate was 4.4 and 2.2 per 1,000, respectively.

Disclosing that Federal expenditures for V.D. control totaled \$12,500,000 in 1943 (1935: \$62,255), the PHS listed a number of specific projects as being planned

for V.D. control in industry. They included: A national educational campaign, utilizing movies, radio, newspapers, magazines, pamphlets, and posters; an increased number of public health clinics; intensive research in rapid therapy methods based on the use of sulfonamides, arsenical drugs, and penicillin; additional hospitals for rapid treatment; distribution of larger quantities of free drugs to private physicians; and expansion of epidemiological personnel. Industry, it announced, is cooperating with state and federal agencies in this program.

To illustrate the campaign's broad principles, the PHS was preparing in May to establish demonstration projects in three industrial areas: the South, the Midwest, and the Eastern seaboard. The projects, being planned with the cooperation of state and local health authorities, would demonstrate: (1) methods of case reporting; (2) cooperation between public laboratories and plant physicians; (3) arrangements for the epidemiologic investigation of infected personnel; (4) techniques that will facilitate

record-keeping by industrial medical departments; (5) a comprehensive program of worker education in prevention and treatment.

The Public Health Service urged, as a preliminary step, the adoption of a serologic report form it had developed for industry. Concerns using the form would send copies to state and local health departments, so as to insure treatment and follow-up of infected workers, and another copy to the PHS for use in developing statistical data.

Twenty-four states reported V.D. control activities in 1943 to the PHS. Examples:

California: 1. The Kaiser-sponsored Permanente Foundation, Richmond, established routine blood tests for all patients (500 weekly), with treatment in the foundation's clinics and follow-up by the epidemiological staffs of local health departments. 2. The state AFL adopted a resolution recommending that locals require blood tests for membership applicants.

Maryland: Industrial concerns, including Glenn L. Martin, Calvert Distilling, and Triumph Explosives, started giving pre-employment blood tests.

New Jersey: To counteract union opposition to pre-employment or group blood tests (resulting from apprehension that infected members might be denied employment), a number of plants were forwarding data resulting from such tests to the State Bu-

reau of Venereal Disease Control. The bureau notifies each worker to go to his private physician for further examination and treatment; if he cannot afford private attention, it directs him to a clinic.

Rhode Island: Ten concerns, each with more than 500 employees, had made V.D. control a part of their health programs. Evidence of infection does not result in discrimination against a worker.

Oregon: In Portland, where labor organization had forbidden pre-employment examinations, state and city health authorities were conducting an educational program in local plants. Each new worker was given a short course on venereal disease. The program included the showing of a film to smaller groups, followed by a brief lecture on prevention, early diagnosis, and treatment.

Indiana: 134 companies were making periodic blood tests, and 191 plants required pre-employment tests for syphilis.

Generally, the PHS found a gap between acceptances of V.D. control in theory and its actual implementation. For instance, a recent survey of 263 war plants by the Department of Labor revealed that while 25.9 per cent required blood tests as a condition of employment, only 2.6 per cent operated complete control programs.

The service underscored another drawback: that even today relatively few infected persons can be persuaded to complete a course of treatment. It disclosed that of those who start the stand-

ard eighteen-month regimen of seventy treatments, only about 25 percent complete the minimum of forty necessary to prevent relapse.

Military and civilian health officers, it said, hope to break the chain of infection by exchange of case-finding data. Every Army and Navy man who undergoes treatment is asked to disclose the source of his infection. When elicited, the name and address of the woman is turned over to civilian health authorities, who take immediate steps to locate her and arrange for examination and treatment. In return, local and state health officers report to service authorities information obtained from infected women concerning their contacts with enlisted men.

For patients who are potential sources of infection, a network of rapid-treatment centers has been strategically located near industrial plants and military camps. In them patients are hospitalized during the relatively brief periods of treatment, eliminating the difficulty of case-holding. The first such center was established in the fall of 1942. Today more than fifty are in operation.

Of one month's admissions to twenty-four centers, 34.7 per cent were in the 15-to-19 age group, 37.3 per cent between 20 and 24, and 13 per cent from 25 to 29. Ninety-five per cent of the patients in the centers are women and girls, many of them normally employed in essential war jobs.

—DONALD WELCH



## Why Patients Bring Suit

*A catalogue of some of the more frequent grounds  
on which malpractice actions are based*



Allegations made in medical malpractice suits are legion. They include the following complaints against the following types of specialists:

### THE INTERNIST

Examination without consent.  
Injury during examination.  
Error or delay in diagnosis.  
Failure to use laboratory aids.  
Failure to administer standard treatment.  
Failure to leave instructions for treatment of patient.  
Failure to leave instructions for protection of attendants and others.  
Failure to hospitalize.  
Aggravation of existing condition.  
Abandonment.  
Infection resulting from injection.  
Injection, slough.  
Burns (X-ray, diathermy, infra-red, heating pads, etc.)  
Breach of warranty to cure.  
Error in the prescription or in dispensing.

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► Study of these allegations made by patients in actual malpractice cases should help keep you out of the range of similar charges. The text approximates a portion of the author's book, "Medical Malpractice" (C. V. Mosby Co.)

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Unnecessary medical treatment.  
Overdosage.  
Use of harmful drugs.  
Death from injection, from vaccination, etc.  
Improper quarantine.  
Carrying contagion.  
Defective equipment.

### THE SURGEON

Most of the allegations set forth above, and:  
Breaking and slipping of instrument.  
Foreign body left in tissues.  
Operation without consent.  
Operation more extensive than that consented to.  
Operation on the wrong part.  
Unnecessary operation.  
Delay in operating.  
Failure to operate.  
Unsuccessful operation.  
Needle broken off in tissues.  
Bad result from operation (severed nerve or tendon, hernia, injury to sphincter, etc.)  
Failure to follow-up.  
Failure to discover severed tendon.  
Failure to use X-ray.  
Failure to discover fracture; second fracture overlooked.  
Failure to diagnose dislocation.  
Injury from application of cast.  
Insufficient immobilization.  
Deformity and loss of function (fracture, dislocation).  
Cast too tight; removed too soon; left on too long.

Failure to use traction.  
Failure to employ fixation.  
Failure to institute active and passive motion.  
Unnecessary scarring.  
Use of unsterile needle or instrument.  
Experimentation.

#### THE OBSTETRICIAN

Many of the allegations set forth above, and:  
Failure to attend at time of delivery.  
Wrong baby given parents.  
Poor or no prenatal care.  
Unnecessary caesarean section.  
Negligent delay in performing caesarean section.  
Unnecessary use of instruments.  
Instrumental injury to mother or to baby.  
Placenta not completely removed.  
Hemorrhage from cord.  
Injury to baby (fracture, paralysis, etc.)  
Failure to protect perineum (and rectum).  
Failure to repair birth canal injuries.  
Eclampsia not properly treated.  
Lack of sterile technique—infection of mother.  
Diagnosis of pregnancy as tumor (operation, miscarriage).  
Diagnosis of tumor as pregnancy (special tests not employed).

#### THE GYNECOLOGIST

Many of the allegations set forth above and:  
Slander in charging patient had venereal disease.  
Operation resulting in sterility.  
Negligent puncturing of uterus during curettage.  
Injury to ureter.  
Stricture of cervix caused by too extensive cauterization.  
Fistulae (bladder, rectal).

Illegal abortion performed without consent.

#### THE UROLOGIST

Many of the allegations set forth above, and:  
Burns from fluoroscopic examinations.  
Failure to remove kidney stones, bladder stones.  
Too strong solutions in urethra and bladder.  
Wrong solution in making pyelogram.  
Puncture injury in doing cystoscopy.  
Use of unsterile instruments.  
Unsuccessful vasectomy, wife pregnant.

#### THE OALRIST

Many of the allegations set forth above, and:  
Failure to remove eye—sympathetic ophthalmia.  
Failure to remove foreign body.  
Wrong solutions.  
Cataract improperly treated—blindness.  
Wrong glasses.  
Injury to tear ducts.  
Treatment caused scarring and deformity.  
Destruction of sense of smell.  
Removal of uvula.  
Injury to pillars.  
Injury to tongue.  
Injury to teeth.  
Injury to speech.  
Failure to remove all of tonsils.

#### THE DERMATOLOGIST

Many of the allegations set forth above, and:  
Failure to improve.  
Ointments discoloring or disfiguring to the skin.  
Loss of hair (improper treatment).  
X-ray burns and shocks.

[Turn the page]

#### THE LABORATORY CLINICIAN

Mixing or contamination of material.  
Wrong diagnosis (venereal disease).  
Wrong diagnosis (biopsy).

#### THE ANESTHETIST

No preliminary examination.  
Too much anesthetic.  
Death from anesthetic.  
Injury to eyes or skin.  
Injury from mask; from mouth gag.  
Injury from improper position on table.  
Injury during struggling (improper administration).  
Pneumonia caused by fluid ether in lungs.

#### THE PEDIATRICIAN

Many of the allegations set forth above, and:  
Failure to immunize (having general charge).  
Failure to diagnose (thymus).  
Delay in diagnosis (imperforate anus, congenital glaucoma, etc.).  
Harmful formula (infant feeding).  
Multiple self-inoculation (no dressing on vaccination).

#### THE RADIOLOGIST

Electrical shock or burn.  
X-ray or radium burn (pigmentation, loss of hair, etc.)  
Error in diagnosis.

Radium tube or needle escaped from control.

Injury to vision.  
Sterilization.

#### THE GENERAL PRACTITIONER

From the very nature of the general practitioner's relation to his patients, he is called upon to treat just about every condition under the sun. While he is not held to the same high degree of skill and care as the specialist, he is still subject to broad liability. Almost any of the preceding allegations may appear in malpractice complaints against him.

Nor are the listed allegations all-inclusive. They merely indicate the types of claims most often made.

One hundred and fifty-three recent consecutive cases in New York were distributed as follows:

Operations (abdominal, eye, tonsil, ear, etc.) . . . . .	38
Burns, X-rays, etc. . . . .	22
Infections . . . . .	17
Fractures, etc. . . . .	14
Obstetrics, etc. . . . .	13
Diagnosis . . . . .	12
Amputations . . . . .	2
Lunacy commitments . . . . .	2
Needles breaking . . . . .	1
Eye infections . . . . .	1
Unclassified—medical . . . . .	31

—LOUIS J. REGAN, M.D., LL.B.

## Interment Report

*I*n a coal mining region, even the youngsters are apt to be pretty profane. A patient of mine told me what happened during a recent military funeral in a nearby town. At the grave, with other members of the family, were the soldier's aged grandmother and his kid brother, a lad of seven or so. Somebody had brought along a camp stool for the old lady, and when the volley was fired it startled her so she fell off the stool, landing in a heap at the boy's feet. "Jesus Christ!" the lad yelled, "they've killed grandma!"

—O. E. SALTER, M.D.

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## His Sox Are Red

He never swung at a pitch in his life—yet Dr. W. S. Martin, one of the South's leading Negro surgeons, is not only a rabid baseball fan but principal owner of the Memphis Red Sox. Finishing third last year in the Negro American League, the team is said to have netted a neat \$50,000, playing to as many as 55,000 fans in a single game. Its "Murderers' Row" (see cut) was the talk of the circuit.

Dr. Martin, brought up on a poor Mississippi farm, received his M.D. from Nashville's Meharry Medical College in 1907. Setting up as a G.P. in Memphis when famous Beale St. was both gaudy and bloody, he soon found himself specializing in stab wounds. Thus a surgeon by cir-

cumstance, he studied the specialty diligently, eventually doing P.G. work at the Mayo Clinic.

It was his dentist-brother's insistence that made Dr. Martin a baseball magnate. In '27, when the Sox were cellar champs in an obscure league, the Martins jointly bought the franchise. For ten years, their hobby proved costly. Not until the team switched to the Negro American League in '37 did the turnstiles begin their merry click.

Many in Memphis credit Dr. Martin with another achievement: Largely through his efforts, they say, the dives and honkytonks vanished from Beale St.—now turned respectable and known as Beale Ave.

—IRA BROCK

## Iowans Use State-Supported Medical Package Library

*Highly popular service dispatches literature to all parts of state*



Many a physician, located at an awkward distance from a well-stocked library, will envy Iowa practitioners the excellent package service they enjoy. State-maintained, and operating on a modest budget, the Iowa State Medical Library selects and mails, upon request, packages of books, periodicals, and other medical literature to physicians and laymen all over the state.

A total of 12,857 pieces were thus dispatched in the last complete fiscal year. Some 75 per cent went to civilian doctors, 10 per cent to physicians in the armed forces, and 15 per cent to laymen. Material embraced not only medicine but allied fields as well, including medical economics, socialized medicine, biology, eugenics, dentistry, hospitals, and medical history.

The library also sends specified journals each month to a considerable number of doctors, dentists, and laboratory workers, and there is a monthly mailing of current papers on designated subjects to physicians who have registered for progressive information service. Still other

practitioners list books they wish to receive one or two at a time, and the volumes are dispatched at regular intervals.

For those engaged in research, the library is prepared to compile bibliographies of literature on rare and unusual cases, an outstanding service that extends to works in a number of foreign languages.

One such bibliography, for example, was compiled on the clinical phenomenon, *fetus in fetu*. Another listed all literature on a rare type of hernia. An Iowa doctor in service requested a list of papers on angina pectoris and other heart diseases in soldiers and aviators. The library has a standing order that new material on the subject be sent to the applicant as it is received.

Located in Des Moines, the package library normally operates on a state-wide basis, but wartime requests have brought about some expansion. Requests for packages may be made in person, or by telephone, card, or letter. The librarian, Jeannette Dean-Throckmorton, M.D., carefully selects the material, which

is promptly mailed to the patron. The borrower pays the postage both ways, but no other charge. Incidentally, because the library is supported by public funds, any citizen is eligible to use its service.

To draw books, journals, or like material, a doctor or other adult citizen must file an application card. The loan period is two weeks. One renewal period is permitted, but only for older books and journals. Students may borrow three books at a time, but cannot renew loans. Transients are required to make a deposit approximating the cost of the book.

Lawyers with medico-legal cases can call upon the library for pertinent literature. For the layman, books and magazine articles on health subjects—venereal disease, home nursing, home care and training of spastic children, speech training, etc.—are always available.

Formerly the service was limited to doctors and citizens within the state, though material was occasionally sent out through Iowa physicians in service, the package service has been extended to military stations. In recent months, material was mailed to Florida, Colorado, Missouri, California, Nebraska, Illinois, and South Dakota; and bibliographies were made for Iowa doctors stationed far from home.

Flexibility of the library's service is indicated by a shifting emphasis in the type of material

requested. Popular pre-war subjects were heart disease, Malta fever, dental caries, venereal disease control, medical history and biography, heredity, workmen's compensation, and medical jurisprudence. Today, physicians seek information on war gases, civilian defense, psychiatry in war, draft rejections, aviation, crush injuries, first-aid, and munitions poisoning, as well as on traditional subjects.

The medical library was established by the legislature as a separate department of the state library in 1919, at the request of the state medical society. The original appropriation provided \$2,000 for books and periodicals and another \$2,000 for a librarian's salary. Since then, a total of \$16,800 has been spent on books and \$24,946 on periodicals. Operating expenses, exclusive of salaries, have totaled \$48,918 for the twenty-four year period.

In 1939, the Iowa legislature established it as a completely separate entity, the Iowa State Medical Library.

That the strain on the public budget is relatively insignificant is indicated by Dr. Dean-Throckmorton's report for the period July 1, 1940 - June 30, 1942. The sum of \$19,977.38 was allotted to the library, of which \$15,211.50 was expended on salaries and the balance, \$4,765.88, for books, periodicals, printing, binding, etc.

—SHEPHERD A. WHITING JR.



*East side, west side around*

## **LaGuardia versus**

*The mayor reveals his*

First punches were exchanged last month in a tussle whose outcome may have national significance. The place: New York City. The contenders: peppery Mayor Fiorello H. LaGuardia vs. the city's five county medical societies. The stake: acceptance or rejection of a precedent-shattering health plan urged by the mayor.

More than one physician felt that LaGuardia had won the opening round by carrying his case directly to New Yorkers via the city radio station.

The LaGuardia plan (termed by many the "baby Wagner bill") would cover normal and catastrophic illness, and include G.P. and



*west side around the town . . .*

## versus Organized Medicine

*Revelations of socialized medicine*

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specialist services; surgery, maternity and child care, X-ray and laboratory service, hospitalization, and visiting nurse service. Not

mentioned by the mayor were mental illness, dentistry, surgical appliances, eyeglasses, or drugs.

Premium costs would be divid-

## LaGuardia Plan

*Area Served:* New York City.

*Eligible for Enrollment:* All who live or work in city.  
*Age restrictions:* None. Income restriction: \$5,000.

*Agency in Charge:* Nonprofit corporation.

*Nature of Benefits:* Service (no cash).

*Scope of Benefits:* Complete medical and hospital care.

*Financing:* Payroll deduction, employer contribution.

*Premiums:* Four per cent of wages.

ed between employer and worker, the employer to assume at least half the charge. In addition, he would be required to make payroll deductions of the worker's share.

In broadcasting his plan, Mr. LaGuardia acknowledged that he had a fight on his hands. "We know that there will be opposition," he said. "There always is to something new. But I am perfectly willing to be guinea-pigged."

Chief bone of contention was the mayor's \$5,000 income ceiling. Dr. William B. Rawls, representing the medical societies on the mayor's plan-and-scope subcommittee, which had been weighing a city prepayment program since April 1943, voted against

the \$5,000 ceiling last March; the societies favor a limit of \$2,500. Dr. George Baehr, the mayor's personal physician and chairman of the subcommittee, did not vote. In favor of the \$5,000 figure were Dr. Leo Price, of the International Ladies' Garment Workers Union, and City Collector William Reid.

As this issue went to press, there was no sign of compromise.

Take the plan or leave it, the mayor told the county societies. Acceptance, he said, would make possible the establishment of an open panel, with all qualified physicians participating, and with medicine in complete control of practice. Rejection, he added, would force the city to form a closed panel of salaried doctors.

With an open panel system, he declared, physicians would practice on a point basis, being credited with a certain number of points for each service rendered (e.g., office call, 2; appendectomy, 75). At the end of a fiscal period, he said, net insurance collections would be divided among participating doctors in proportion to their credited points.

Should the open-panel proposal fail, said Mr. LaGuardia, "closed panels will be provided, consisting of the best medical and surgical specialists in the profession. Units consisting of 70 general practitioners, 7 maternity specialists, 15 children's specialists, 10 surgeons, 8 ear, nose, and throat specialists, and others with their assistants, would cover zones com-

taining approximately 100,000 people each. Salaries of physicians would range from \$6,000 to \$20,000 . . . Obviously the membership would have the best available medical talent."

Not so obvious to some observers was the willingness of "the best available talent" to enter into any such arrangement.

The mayor told his listeners that many young doctors now in the armed services "will form an important part of our organization," and that due consideration had been given to their availability.

Acceptance of the LaGuardia plan as presented would place "the whole economic future of New York physicians in the laps of the gods," commented a leading practitioner. "The mayor has obviously pulled that 4 per cent premium figure out of his large black hat, since there is no reliable actuarial data to support it. No scheme of this magnitude has ever been tried before."

"The mayor makes a grateful gesture in offering to be 'guinea-pigged,' knowing quite well that the physician's income is the unknown X in the equation. No doctor would be assured of receiving even a nominal \$2 office fee under the point system. And when you consider that 95 per cent of the city's population would be eligible for membership, you realize that the physician's financial future might rest solely on the mayor's guess of probabilities."

Mr. LaGuardia's exposition left many another question unan-

swered. For one thing, enrollment—described as voluntary—would be available only through groups: employes, labor unions, fraternal organizations, etc. Thus membership might well be compulsory for certain individuals—e.g., members of labor unions.

Operational difficulties might be encountered if the closed-panel system were adopted. Some doctors pointed out that probably a million persons who work in New York, and would thus be eligible, live at distances of up to fifty miles from City Hall. What provision for treatment would be made, it was asked, if such commuters were stricken at home?

Family coverage—including, said the mayor, husband, wife, and children under eighteen—had some puzzling aspects. What would be the status, asked an employer, of a family whose income, with husband and wife working, exceeded \$5,000 a year? If more than one member of a family were employed, how many would pay premiums?

Evidently Mr. LaGuardia anticipated such questions. "No claim is made to perfection," he said in his broadcast. "We want ideas, criticisms, and suggestions. But we do not want delay. I hope it will be possible to start this service not later than the first of the year."

The plan was a year in the making—yet representatives of organized medicine say it was never submitted to the county societies for their consideration before being made public by the mayor. In

fact, the publicized version was never even approved by Mr. La-Guardia's own committee, according to Dr. Rawls. In explanation, David M. Heyman, vice chairman of the committee, told MEDICAL ECONOMICS that the mayor himself "wrote up the plan" after considering several proposals of the subcommittee on plan and scope. "The mayor has assumed full responsibility," Mr. Heyman added; "he's that kind of a guy."

Among those who have plumped for the scheme are Louis H. Pink, president of the Associated Hospital Service (Blue Cross), Winslow Carlton, executive secretary of Group Health Cooperative, Inc., Dr. Alan Gregg of the Rockefeller Foundation, and Dr. Kingsley Roberts, liberal head of the Medical Administrative Service.

Commented Dr. Roberts: "If the medical profession now finds fault, one may well ask, 'Where has it been? Why has it not come forward with counter proposals in the last year? Why has it left

the initiative to the mayor?"

Mr. Pink, a member of the mayor's committee, called the plan "the most significant experiment of its kind in the United States." He added that his organization would do everything it could to help the mayor, the medical profession, and the existing medical plans work out and put into operation a comprehensive medical plan for this area."

City Hall insiders believed the mayor could, and possibly would, start the plan by signing up 190,000 municipal employes and their families (some 500,000 persons all told). These, together with union groups, might run the enrollment up to the point where mere weight of numbers could crush opposition. With the cooperation of organized labor, other observers said, a clause stipulating employer contributions might even be written into union contracts—similar agreements having already been made in the ladies' [Continued on page 104]

## Out of Bounds

*N*ew in the city, I was called to see a sick infant. When I knocked on the door and asked, "Am I in the right place?" the woman replied, "Yes, come in. We're expecting you."

As I entered the living room, I thought it strange to find quite a gathering. The baby, daintily dressed, lay on the divan, looking anything but ill. I began asking questions about symptoms and how long the child been sick.

"Sick?" the mother said blankly. "Why, the baby isn't sick! Aren't you the preacher that's going to baptize her?"

I had the right house number but the wrong street.

—R. L. BAILEY, M.D.

## Organized Medicine vs. LaGuardia

*New York society sponsors prepayment plan, studies state-wide coverage*



With argument about Mayor LaGuardia's plan of medical care for all New Yorkers still waxing hot (see page 48), the state medical society announced early last month the formation of a new organization to provide prepaid sickness insurance for the lower and middle income groups of seventeen counties, including New York City's five. Eventual aim of the organization, said the society's house of delegates in voting approval, would be coverage of physicians' bills wherever incurred: at home, office, or hospital. Meantime, while actuarial experience is being gained, the service will offer protection against "catastrophic illness, such as surgical and obstetrical care, and for illnesses requiring prolonged hospitalization."

Delegates heard the plan described as ideal for the reason that it placed control in the hands of medicine without requiring the physician to shoulder financial losses.

The new organization—United Medical Services, Inc.—is a merger of two of the metropolitan area's three prepayment plans: Community Medical Care, Inc., an affili-

ate of the Associated Hospital Service (Blue Cross), with 43,000 subscribers, and the Medical Expense Fund, Inc., with 1,200.

Until its own policy was available "within a matter of weeks," the new corporation would honor those of its predecessors, said Dr. William B. Rawls, who took a leading part in the merger negotiations. The new policy, he said, would provide (1) medical care in catastrophic illness for those earning up to \$2,500 a year; and (2) cash for those earning more.

Dr. Rawls announced that the Associated Hospital Service would sell the new medical service, on a nonprofit basis, to groups of employes. Observers thought that it probably would offer the public a combination hospital and medical service contract.

Thus the AHS was placed in the position of carrying water on both shoulders, since Mayor LaGuardia evidently was planning to use it as an administrative agency in his own program. But the conflict was more apparent than real, Louis H. Pink, Associated's director, told MEDICAL ECONOMICS. He considered his point of view well-expressed by

the New York Herald Tribune, which said editorially:

"The difference between the mayor's and the medical society's plans are, surely, susceptible of compromise. The doctors' plan is more conservative, but some of its conservatism is based on experience [gained in operation of the Western New York Medical Plan].

### New York State Medical Society Plan

*Area served:* 17 lower counties of state.

*Eligible for enrollment:* All residents of area. Age restrictions: None. Income restriction: None.

*Agency in charge:* Nonprofit corporation.

*Nature of benefits:* For those earning \$2,500 or less annually: Service. For those earning more than \$2,500: Cash.

*Scope of benefits:* (Immediate) Medical—but not hospital—costs in catastrophic illnesses requiring hospitalization—e.g., obstetrics, surgery. (Future) Complete medical care.

*Financing (tentative):* Payroll deductions and employer contributions.

*Premiums (tentative):* Individual, 40¢ per month; couple, \$1.00, family, \$1.75.

The aim of the two plans is the same: to afford an opportunity to people of the low and middle-income groups to pay for medical care while they are working and healthy. It is, we believe, of the greatest importance to the achievement of this aim that all good plans be fitted together."

Speakers at the house of delegates meeting hailed the medical society program as "of enormous value in counteracting the attempts being made by government to control the practice of medicine." They also applauded the house's decision to finance a "study of possibilities and procedures for a state-wide plan directed and controlled through the medical society." Delegates authorized the establishment of a bureau of medical care insurance under a full-time director "to meet with directors of present plans in New York to assist in promotion and to study actual experience."

The merged services had offered dissimilar coverage. Community Medical Care, the Blue Cross affiliate, made cash payments covering physicians' charges incurred during hospitalization, but it did not pay for home or office attention. Its premiums were 40 cents a month for an individual, \$1 for a married couple, and \$1.80 for a family. The Medical Expense Fund offered coverage of physicians' charges wherever incurred; its premiums were \$1.50, \$2.75, and \$4.50.

New York City's third plan.  
[Continued on page 102]

## Insurance Executives Prepare Simplified Report Forms

*New illness and accident blanks require only essential data*



At long last, insurance company officials have taken steps to simplify their physicians' report forms. Requests for medical information in the general run of accident and illness cases may soon be limited to a few essential questions.

Actively promoting the use of two short, standardized forms (one for illness, one for accident) are several key executives, chief among them J. Doyle DeWitt, secretary of the Travelers Insurance Company and president of the International Claims Association. The two forms (see cuts on next page) drafted jointly by the ICA and the Health and Accident Underwriters Conference, in co-operation with the AMA Bureau of Medical Economics and the Bureau of Personal Accident and Health Underwriters.

The Travelers Insurance Co., said to be the leading carrier in the health and accident field, was preparing last month to adopt short forms similar to those suggested by the claims association. Others reported to be drafting simplified reports included the Metropolitan Life Insurance Co.

and the Continental Casualty Co.

Probably not all carriers will cooperate. However, most of the leading companies are represented in the two organizations sponsoring the movement, so fairly wide acceptance of the shortened forms is predicted.

Physicians will observe (1) that the new reports do not require notarization; (2) that the one covering accidents cannot be used in workmen's compensation cases; and (3) that the carriers will continue to ask for detailed information in special cases.

The San Francisco County Medical Society (which appears to have played a part in inducing the International Claims Association to start its promotional campaign) has advised members to use forms almost identical with those recommended by the insurance executives.

The society's forms, however, carry this important footnote, omitted in the forms released by the claims association: "If a more detailed report is required, a charge for same will be made, the cost to be borne by the carrier."

—HARRY DUNN

ATTENDING PHYSICIAN'S STATEMENT  
SICKNESS

Blank Insurance Company  
100 Main St., Chicago, Ill.

Patient's name

Address

1. Diagnosis—Please explain  
complication, if any.

2. When did patient first consult you for this illness?	Date	19
3. When did first symptoms appear?	Date	19
4. What operation was performed, if any?		
5. Dates patient was confined to the house? Dates patient was confined to a hospital? Name of hospital?	From      19      to      19 From      19      to      19	
6. Dates of treatments?	Office Home:	
7. When was, or will patient be, able to resume any part of his work?	Date	19

*If you wish to amplify, please use this space.*

Date ..... 19 .....

Signed .....

..... Street and Number      Town      State

ATTENDING PHYSICIAN'S STATEMENT  
ACCIDENT  
Blank Insurance Company  
100 Main St., Chicago, Ill.

Patient's name

Address

1. Please describe injury received:

Date of accident:

19

2. What operation was performed, if any?

3. Please give dates you attended patient for this injury.

Patient hospitalized?

Office:

Home:

From      19      to      19

Name of hospital?

4. How long was, or will patient be, TOTALLY disabled?

From      19      to      19

5. How long was, or will patient be, PARTIALLY disabled?

From      19      to      19

*If you wish to amplify, please use this space.*

Date ..... 19 .....

Signed .....

..... Street and Number      Town      State

## The Demobilized Doctor and the Disabled Veteran

*Practical method needed to pay civilian  
doctors for treating ex-service men*



Some 50,000 men who are now medical officers in the armed forces will eventually be discharged. Not many will be able to resume practice in their home towns as if the war had been merely an unpleasant interruption. Most of them will have to compete with colleagues who were not acceptable to the Army and Navy and who are now meeting the medical needs of the home front.

On the other hand, there will be work for these home-coming doctors to do. And the longer the war lasts the more of it they can expect. This work is the rehabilitation of disabled veterans. By rehabilitation is meant not the re-training of handicapped individuals to fill useful jobs, but physical and mental rehabilitation to restore health.

It may be urged that there is not much chance for the civilian doctor to treat disabled ex-service men; that government hospitals will meet all requirements. But the statistics give a different answer. Even now, according to Veterans Administrator Frank T. Hines, outside aid is occasionally

sought. He told this reporter that "If the patient with a service-connected illness or injury is unable to report to an out-patient unit of the Veterans Administration, the services of community physicians, appointed by the Veterans Administration, can be authorized."

Though the war is not yet over, and we do not know at what rate service men will be demobilized, the government is already laying elaborate plans for their medical care. The Army, on the theory that fully 5 per cent of its fighting men will require extended medical care, wants 700,000 hospital beds, which may or may not be adequate. The Veterans Administration expects to bring its total up to 300,000.

Prior to this war the Army and Navy figured that about 15 men out of every 100 who went into action would be wounded physically. The United States suffered 198,000 wounded in World War I out of an armed force of 4,500,000. In the present war, with a military strength two and a half times greater than before, the disabled may easily number 500,000—possibly a million. And this re-

fers only to the wounded. How many men will be enfeebled by disease, both mental and physical, is anybody's guess.

The enormity of the task of rehabilitating these veterans compels the government to include the civilian doctor in its plans for treating them. There will be easily tens of thousands of ambulatory cases of sickness, and it is hard to believe that all of them can be absorbed by Federal hospitals. Moreover there is the question of cost. If the ambulatory veteran lives at home there will be no institutional charge for his maintenance; and if he does not have to visit his doctor every day, except in a few cases there will be a corresponding reduction in the cost of medical care. By turning over to the general practitioner those ambulatory cases which do not require the consideration of a specialist or of an institution the Government may well save countless thousands of dollars.

There is no doubt that a majority of veterans who need medical care will take full advantage of their right to be treated at Government hospitals; and there is no doubt that only in hospitals can care of a special and difficult kind be given. But many men will not go to veterans' hospitals even though advised to do so. They will be too eager to return to civilian life.

Psychiatric cases, of course, hardly fall within the province of the general practitioner. Therefore more than 25,000 cases of

neuroses and psychoses for which the Army is issuing medical discharges each year will naturally gravitate to Government institutions. Similarly, the general practitioner can hardly be expected to deal with cases which require plastic surgery, prosthetic appliances, physio- or occupational therapy. These—and many cases of tuberculosis, too—will have to be handled in Government institutions or by specialists.

After allowing for the need of institutional care, however, there arises the problem of treating diseases which are more or less common to a civilian population, but which have been contracted or aggravated in service. The principal ones are tuberculosis, arthritis, syphilis, heart ailments, malaria, and other tropical diseases. Here the civilian doctor should step onto the stage.

Take the question of malaria. Authorities on tropical diseases have pointed out time and time again that the most complete cures of malaria are only apparent. There is no telling when a relapse may occur. Many veterans who have been afflicted with malaria will undoubtedly need medical attention at some time in the future. And so it is with other tropical diseases which are not yet amenable to perfect medical control, and which, like malaria, can be dispersed throughout civilian communities by returning troops.

Even the tuberculous veterans who have been discharged from institutions will need some medi-

cal attention. Here we must reckon with tens of thousands of cases. According to the Rehabilitation Service of the National Tuberculosis Association, about 50,000 men will return from military service with some degree of tuberculosis. This number may quadruple during postwar years as other latent infections develop into clinical activity. The apparently arrested case recovering from tuberculosis—as from heart trouble,—will display better morale if surrounded by his family in his own home where he may even engage in suitable work, than if he remains in an institution. The civilian doctor is perfectly capable of handling

tuberculous patients if he has had experience among them and is familiar with accepted modes of treatment.

Physicians in northern states rarely come into contact with malaria and other tropical diseases. Yet upon their prompt diagnosis and proper treatment will depend the health of whole communities. More courses are needed at once in medical schools to acquaint professional men with these diseases. Fortunately, many physicians now in the armed forces will have acquired extensive experience with the virulent kinds of malaria and other diseases seldom seen in the

[Continued on page 99]



# What the Public Thinks of Your Prescribing and Dispensing

*As revealed by a nation-wide personal-interview poll*



Seventy-two per cent of the American people have no complaint to make about doctors' methods of prescribing or dispensing medicine. The remaining 28 per cent cite a number of things they find objectionable (e.g., "Advises aspirin for everything" . . . "Is careless about directions" . . . "Gives pills only, no advice").

This is indicated by a nationwide sampling of public opinion conducted for MEDICAL ECONOMICS by Fact Finders Associates, Inc., New York research organization. Interviewers—covering urban and rural areas of twelve states\*—asked this question: "Thinking of some doctor you know, what would you criticize about his method of prescribing or dispensing medicine?" Replies represent a cross-section of Americans, diversified by age, sex, location, income and occupation.

Six per cent condemned "over-prescribing." Five per cent hit at "careless" or "incorrect" prescribing. The remaining critical 17 per cent offered complaints in a variety beyond classification.

\*Cal., Ga., Ind., Iowa, Ky., N.J., Pa., Ohio, Ore., Tex., Wash., Wis.

Some respondents felt that physicians were short on diagnosis and long on prescription writing. "He seems to think," said a New York scenarist, "that if he gets enough ingredients into the prescription one of them is sure to be good for what ails you."

Said a Milwaukee insurance salesman: "He hands you a box or two of pills, says 'Take so many of those and get all the rest you can,' then you find yourself outside."

A thrifty Portland, Ore., housewife: "I never get to finish a bottle of his medicine. He prescribes twice as much as I need and before it's gone he hands me a new prescription."

A charge of "careless prescribing" was made by an Iowa housewife: "He gave me a serum treatment for neuritis that poisoned me and put me in the hospital for seven months."

"My doctor's prescription for a skin infection made it worse," reported a San Francisco woman welder. "Finally he referred me to a specialist. I feel he should have sent me to one at first."

A California private secretary gave up her physician because

"rather than admit he was in the dark he'd prescribe something anyway."

A Philadelphia housewife: "He gave me pills that relieved the pain for the time being, but he didn't take time to find the real trouble."

A number of respondents complained about "shotgun" prescribing. "My family doctor," said one, "always gave the same prescription—no matter what the illness."

A Pennsylvania salesmanager: "For a while he seemed to be dispensing sulfa drugs for practically everything. I got worried and switched to another doctor."

"My doctor prescribes proprietary preparations that I could buy over the counter for half the price if he'd tell me the products' trade names," said a Wisconsin wholesale grocer.

A number of respondents objected to being directed to a specific pharmacy. One, in particular, complained that "my doctor sent

me to an inconvenient drug store. He seemed as much interested in the druggist's welfare as in mine."

Among 17 per cent of unclassified complaints, one came from a Pennsylvania clerk who criticized his physician for prescribing over the phone then calling in person several days later. An Oregon bookkeeper was resentful because his doctor did not warn him of the unpleasant reactions from the drug prescribed. "When I call up later," he said, "and tell him I don't feel so good, he says, 'Oh, that's the medicine I gave you.'"

A Texas woman reported that she'd given up her doctor when she found out he had given her a placebo: "If he thought there was nothing the matter with me why didn't he tell me so?" Another respondent thought he was being "kept in the dark" because a physician refused to reveal the drug in a prescription. "This Latin," he added, "is a lot of hocus-pocus anyway."

## Ham Actor

*H*e looked unconscious enough when I arrived at his home. His wife insisted that he had simply passed out on the bed. I took his temperature, tested his heart action and respiration. All were normal. I tried to give him apomorphine to make him vomit but found he would take nothing internally. I then decided to leave him awhile, and told his wife I'd be back later. No sooner had I reached my office than a neighbor phoned, wanted to know what I thought about the case. I asked what *he* knew about it—and his answer cleared up the mystery: The fellow had stolen a ham and was feigning unconsciousness to avoid going to court.

—EUGENE N. FRAKES, M.D.

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## American Hospital Association

*Its financial renaissance, future, and  
relations with other groups*



Frustrated by forty-four years of poverty, the American Hospital Association, early this year, took a radical step: It increased its institutional dues fourfold.

Previously, under the restrictions of a starvation budget, its service program had been notable for good planning and mediocre performance. All the association could spend annually was \$135,000, (contrasted with the American Medical Association's \$1,640,000, and the American College of Surgeons' \$225,000). As a result, the AHA councils—whose work is the association's stock in trade—could meet but once a year. (Fewer than 10 per cent of the committees got together even that often.) Only one council out of seven had an executive secretary to carry on and coordinate its work.

Members of committees were burdened with clerical detail; re-

search projects stumbled along month after month, often failing to survive a change of personnel. There was only a meager interchange of data between the association and its constituent state societies. The vast program of special services for hospitals (outlined at length last month) languished in spite of every effort of the staff to carry it on. And the AHA library—a prized asset—was so understaffed that its clipping of periodicals was five years behind schedule.

Now, however, with increased dues of up to \$300 a year per member, an operating budget established at \$350,000, and a campaign for greater institutional membership showing promise, the AHA envisions a bright future. Service facilities will be greatly improved: The library, for instance, has had its appropriation doubled. There will be funds, too, to support the AHA's Washington office when its initial financing—made possible by contributions—ceases some time this summer.

With its institutional members now totaling 3,250, the AHA is far and away the largest national hospital association. Second is the

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► This is the second of two articles on the American Hospital Association. The first, which appeared last month, described its organization, operation, and background.

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Catholic Hospital Association, with 713 hospital members; third, Protestant Hospital Association, with about 200.

Most members of the latter two groups are also affiliated with the AHA. The three associations are entirely friendly and maintain a joint committee to confer on legislation and matters of general policy. Traditionally the AHA president has been its chairman.

Relations with other professional organizations range from cordial to civil. The AHA relies heavily, for instance, upon the hospital ratings of the American College of Surgeons for qualifying membership applicants. Dr. Malcolm T. MacEachern, associate director of the college, is a past president of the AHA, chairman of its council on international relations, and a member of its committee on coordination of activities.

Dealings with the American Medical Association are on a somewhat more formal basis. For one thing, the AMA continues to object to the hospital association's

sponsorship of Blue Cross plans that provide benefit payments for pathology and radiology. For another, the two associations do not see eye to eye on all Federal legislation. The Emergency Maternity and Infant Care program of the Children's Bureau is a case in point. Organized medicine has generally objected to the Government's payment of fees directly to the physician instead of through the patient. The AHA, on the other hand, approves direct payment to hospitals.

A more subtle difference has developed over the Wagner-Murray-Dingell bill. Both associations are opposed to it. However, the AHA feels that the American Medical Association, in failing to offer an acceptable, profession-controlled plan to replace the Wagner proposals, has been lacking in leadership. The hospital association is convinced that some sort of national prepayment health insurance is inevitable and that medicine has both an opportunity and obligation to organize and direct it.

—GEORGE B. FRITZ

## Master of Understatement

*J*rom his combination pig-farm and junkyard, he brought his frowzy-looking wife to me—plainly hoping she was pregnant. He insisted on standing by while she undressed, and must have noticed my look of utter chagrin at the sight being unveiled. The woman's body was unbelievably dirty; in places, the grime was caked on in multi-layers. As I drew on my rubber gloves, he spoke up. "Pay it no mind, Doctor," he said, his loyalty shining through. "We got a coal stove to home, and she *does* get a trifle dusty."

—J. F. KELLY, M.D.



## Invasion Doctor

Top medical job in the American invasion forces in Europe falls to Brig. Gen. Paul Ramsey Hawley, shown above chatting with a wounded soldier.

As chief of the Army Medical Corps in the European theatre of operations, he has full responsibility for organizing and maintaining medical and surgical service for the invasion army. Prompt, efficient care of combat casualties is his big job, but he has also been directing the health program of American forces in England and supervising the training of medi-

cal officers in new techniques.

A third-generation family physician from College Corners, Indiana, the general combines broad administrative experience with the practical knowledge of the hardworking medical man. He was formerly an instructor at both the Army Medical School and the Medical Field Service School, and has won the Legion of Merit for his contributions to military hygiene.

General Hawley entered military service in the first World War and remained in the Army.

## For Those Who Sit and Wait

*Here's something better than a last  
year's National Geographic*

### Memo to Miss McGillicuddy:

Is there any good reason why patients should sit mournfully in the reception room while an invisible clergyman reads prayers for the dead? Let's cheer them up! A few good cartoon albums should help do the trick. The ones I've checked opposite appear to be good bets for our particular clientele. If you agree, please get copies at the local bookstore.

P.S. You and I can take the time to read them *after hours!*



*"This is Miss Jones, Doctor—  
I want you to cheer her up.  
She's been through hell recently."*



Cartoons from  
The New Yorker

"Best Cartoons of the Year—1943." Crown Publishers. \$2. Three hundred cartoons from The Saturday Evening Post, Collier's, Liberty, etc. Everyday humor; neither obvious nor obtruse.

"It's a Funny World!" Robert McBride & Co. \$2.50. Drawings from Collier's that should appeal to the average patient.

"You're Sitting on My Eyelashes," by Whitney Award Jr. Random House. \$2.50. Slick, sophisticated stuff in the best New Yorker manner. Well suited to a metropolitan clientele.

"Cartoon Cavalcade." Simon & Schuster. \$3.95. A big, 400-page anthology covering the entire range of twentieth century humor.

"Drawn and Quartered." Random House.



*"Dr. Carlson, Dr. Gillespie, Dr. Opdyke, and myself believe it was something you ate."*

\$2.50. The best of Charles Addams' work. For the above-average taste.

"Who's in Charge Here?" Farrar & Rinehart. \$2.50. By another New Yorker star, George Price. Utterly bizarre.

"Men, Women, and Dogs." Harcourt, Brace & Co. \$3. James Thurber's sanest creations are his dogs, but there's fun in his people. Occasionally obtruse.



## "American Blue Cross" Medical Service Plan Suggested

*Physicians, hospitals urged to join in voluntary program*



American physicians and hospitals should join forces at once to provide an all-inclusive, voluntary prepayment program of medical care, John R. Mannix, director of the Chicago Plan for Hospital Care (Blue Cross), has told members of the American Hospital Association through its journal, *Hospitals*.

Medical and hospital leaders have an unparalleled opportunity, Mr. Mannix feels, to deliver into the hands of Americans a complete program of voluntary health security. Says he: "It is time to broaden the Blue Cross into an American institution providing nonprofit prepayment for all health services. I propose, therefore, that American physicians and hospitals unite to organize an 'American Blue Cross.' The term Blue Cross has come to have national significance through the enrollment of more than 13,000,000 people in hospital plans, and there would be definite advantages in adopting it for the national health plan."

Purpose of the American Blue Cross would be the extension of adequate medical, dental, nurs-

ing, and hospital care in the United States, and the coordination of activities of the medical and allied professions. It would grant charters to plans serving states or other geographic units. Existing Blue Cross plans and professionally sponsored medical plans would form a nucleus.

Local plans would retain their identity and autonomy. However, they would be required to use the Blue Cross name, to provide certain minimum benefits to subscribers, and to agree to reciprocity not only in enrollment but also in benefits. Such benefits would take the form of service rather than cash indemnity. Payments to physicians, Mr. Mannix says, would be comparable to average fees now charged in given areas for given services.

It is proposed that the plan conform with the following standards:

1. Be under the sponsorship of medical and allied professions and nonprofit hospitals.
2. Be voluntary, rather than compulsory.
3. Assure the individual free choice of physician, dentist, and hospital.

4. Place emphasis on the public welfare and be nonprofit in operation, using any surplus to reduce rates or increase benefits.
5. Be comprehensive, without restriction or limitation.

Mr. Mannix suggests that the new organization obtain a Federal charter similar to that of the American Red Cross. He further proposes that the board of trustees be selected, member for member, by the American Medical Association and the American Hospital Association, with the proviso that when dentistry and nursing are included, those professions be represented on the board too.

At times the plan's income might not be sufficient to pay entire amounts specified in the fee schedule; in such an event the subscriber rate would be adjusted to permit payment of the scheduled fee and also payment of any loss which the profession and the hospitals might have had to assume temporarily.

The program, says Mr. Mannix, should include services of all physicians, consultants, and specialists while the subscriber is hospitalized. It should include emergency surgical and obstetric service when rendered outside the hospital.

The administrator recommends that all supplies and facilities incidental to the treatment of the hospitalized patient also be furnished. There should, for example, be no restrictions on laboratory services and drugs. Care should include communicable dis-

eases, tuberculosis, and nervous and mental disorders. The only exceptions to benefits would be cases of industrial accidents and diseases for which the employer is responsible, and veterans' care in government hospitals.

Reciprocity, Mr. Mannix, believes, should be an important feature. The plan should be arranged, he says, so that individuals would be permitted to transfer from one unit to another and to receive benefit in any part of the country.

He would also eliminate any restriction on the duration of the subscriber's stay in the hospital, leaving this entirely up to the physician. Medical services in the home and office, dental service, and home nursing service would be offered as soon as public demand justifies their provision.

The American Blue Cross should be available, its proposer says, to both urban and rural dwellers, including those employed in large and small groups and the self-employed. Pointing out that provision for adequate health care is expensive even on an insurance basis, Mr. Mannix considers it advisable to encourage employers to participate in meeting the cost of good medical service.

"Must we have governmental compulsion in America?" he asks. "That question will be decided affirmatively unless we undertake to demonstrate the complete voluntary alternative today. Already we are within the aura of emergency."

—RALPH LEMAY

# COLLOIDAL VS IONIZABLE IRON

The iron-protein of OVOFERRIN is colloidal, non-irritating, highly assimilable.

Iron salts' ions may irritate stomach and intestines.



## In the CHLOROSIS YEARS

WHILE the incidence of frank chlorosis is today much lower than in former years, there is nevertheless a decided tendency for adolescent growing girls to develop a characteristic clinical triumvirate—anemia, malnutrition and digestive malfunction. In combating this syndrome, colloidal iron-protein has major therapeutic advantages over the iron salts. The salts (sulphates, citrates, etc.) are split up in the stomach with release of ions likely to be astringent and irritating. In the intestine, such ions form inert precipitates which are dehydrating, constipating and difficult to assimilate.

But the iron in OVOFERRIN is *colloidal* iron-protein. It is not in ionic form. It is little affected by the gastric juice. It is stable

and cannot irritate. It arrives in the intestine as a fully hydrated colloidal oxide which cannot constipate and is readily assimilable. It is noteworthy that most nutrition is absorbed in colloidal form.

Not only is OVOFERRIN a rapid blood-builder, free from irritating and constipating effects, but it appears to have a decided propensity for appetite stimulation. Important also in insuring patient cooperation in these finicky young ladies is the fact that it is tasteless and odorless and that it cannot stain or dissolve toothenamel. But it achieves these effects, not by coating or sweetening or masking, but by the simple inherent fact of its colloidal form. Dosage—one tablespoonful in a little milk or water at meals and bedtime.

PRESCRIBE **OVOFERRIN**



COLLOIDAL IRON-PROTEIN BLOOD-BUILDER

In Secondary Anemia, Convalescence, Pregnancy,  
"The Pale Child," and Run Down States

**A. C. BARNES COMPANY**

NEW BRUNSWICK, N. J.

# Is This Why Your Income Tax Was So High?

*Tax adviser shows how you may overlook expenses*



"So there you are," said the doctor resignedly. "My expenses aren't out of proportion to income, but the money still seems to leak away. Then when income tax time comes along, I'm sunk." I nodded sympathetically, having heard such stories before.

"I don't know how much you can help me," he continued, in a voice without hope. "I've taken every deduction that's coming to me this year."

I ignored the digression and got back to cases. "Let's see," I said, pulling up a pad and pencil. "You own your own home and have your professional quarters in it. Professional expenses, you say, came to \$1,400 last year."

"That about covers it."

"So out of a gross of \$6,950 you have a net income of \$5,550."

I jotted some figures on the pad. With exemption for a wife and two children, and 10 per cent earned income credit, the doctor had a net of \$3,100 subject to normal tax, \$3,650 subject to surtax, and \$4,925 subject to Victory tax. That indicated a maximum tax of around \$850, leaving a net income, after taxes, of about \$4,715.

"Where does it go?" he worried. "We live very simply; in fact, I don't think we live as well as some war-plant workers."

"Let's break down that \$1,400 expense figure you gave me," I suggested. In a few moments I knew the answer: the doctor had woefully underestimated his overhead.

Where had he erred? Principally where most professional men go wrong in figuring expenses: He had ignored items of depreciation, had charged nothing for home maintenance to his practice. Consequently he was wrong about his net income—and was actually ready to pay an income tax on some of his expenses.

Time was when that made a difference of only a few dollars. But now, with the tax starting at around 22 per cent above personal exemption, every \$1,000 of overlooked expenses adds \$220 to the tax—even more if it sends income into a higher surtax bracket.

Let's consider my doctor-client. His professional quarters occupy 50 per cent (the most desirable part) of a ten-room house valued at \$8,500 exclusive of land. He has

THE SYNERGISTICALLY ENHANCED EFFECT OF  
SMOOTH MUSCLE RELAXATION  
AND CENTRAL NERVOUS SEDATION

HYOSCYAMINE SULFATE  
PLUS  
ATROPINE SULFATE  
PLUS  
HYOSCINE HYDROBROMIDE

DONNATAL

ALKALOIDIC APPROX. 1/2 GR. BELLADONNA LEAVES

PHENOBARBITAL 1/2 GR.

IN G.I. DISORDERS OF SPASTIC ORIGIN

Both neurogenic and myogenic tonus of the entire gastro-intestinal tract have been found to respond to the spasmolytic effect of DONNATAL'S ingredients:

Atropine, by interrupting myo-vagal connections, will relieve spasticity of the upper portion of the alimentary canal, thereby relaxing pylorospasms and tending to re-establish the normal type of gastric secretion. Scopolamine is noted for its sedation of the intestinal structures, and its consequent value in spastic constipation and irritated colon. A relaxing influence similar to that of atropine (though more marked) is exerted by hyoscyamine—upon smooth muscle of the G.I. tract, gallbladder and ureter, providing relief in gastric and hepato-biliary colic, and in sphincter spasm.

Phenobarbital helps control the psychogenetic factor—so important in spastic pathologies—by sedation of the central nervous system, supported in certain cases by the central action of scopolamine.

Donnatal is available in bottles of 100 tablets, each tablet containing the formula illustrated above

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DONNATAL • THE DEPENDABLE ANTISPASMODIC AND SEDATIVE

DONNATAL  
affords all the advantages of  
natural belladonna alkaloids

YET IT IS SIGNIFICANTLY NON-TOXIC

DONNATAL  
provides for the sedation  
so frequently required

YET IT IS ENTIRELY NON-NARCOTIC

DONNATAL has marked  
pharmacologic potency

YET COSTS LESS

about \$3,000 worth of professional furniture and equipment. His car, purchased in 1941 for \$1,800, is used solely for practice, since his wife has her own car. Last year he had the house repainted at a cost of \$275, and spent \$50 more on other maintenance. Interest on a \$4,500 mortgage was \$225; taxes were \$150; insurance premiums totaled \$120; water, gas, electricity also cost \$120. Quite by accident I learned that his wife's maid, employed at \$75 a month, answers the door bell and phone, and cleans the doctor's suite.

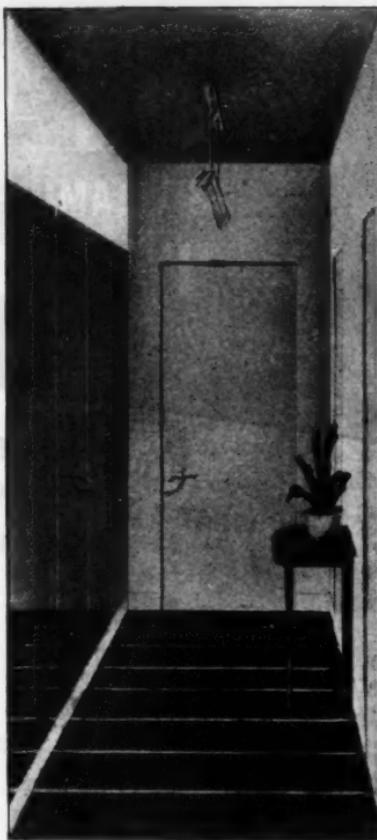
Now let's total some of the professional expenses he overlooked. Maintenance of home, one-half of total: \$162.50; property tax, one-half: \$75; mortgage interest, one-half: \$112.50; insurance premiums, one-half: \$60; utility costs, one-half: \$60; maid service, one-half: \$450; 4 per cent depreciation on building, one-half: \$170; 20 per cent depreciation on car: \$360; 10 per cent depreciation on fixtures and equipment: \$300. Total overlooked expense: \$1,750.

Instead of expenses totaling \$1,400, the doctor thus had an overhead of \$3,150. No wonder he couldn't figure where the money was going! In part it had disappeared immediately; in larger measure it had been leaking away through the years in depreciation of capital assets.

His net income, instead of being \$5,550 was actually \$3,800. Taxable income, after exemptions, was \$1,520 normal, \$1,900 surtax, and \$3,175 Victory. In the rough,

his income tax totaled about \$430, against his own estimate of \$850—quite a saving!—HAROLD J. ASHE

## It's Done With Mirrors



Pittsburgh Plate Glass Co.

*Have you a dark, narrow corridor in your office suite? A reception room that is badly proportioned? You can work wonders by placing large mirrors in strategic spots. The entry above, for instance, seems much wider than it actually is. The overhead fixture does double duty, too, for the mirror reflects its light.*

YOUR PATIENTS WILL PA

# STAMS

## 8 VITAMIN-9 MINERAL TABLETS

STUDY THIS FORMULA!  
SEE WHAT 3 TABLETS GIVE YOUR PATIENT!

### VITAMINS

A	5000 USP units	C	30 mg. (600 USP units)
B <sub>1</sub> (Thiamine)	1 mg. (333 USP units)	D	500 USP units
B <sub>2</sub> (G) (riboflavin)	2 milligrams	B <sub>6</sub> (pyridoxine)	.25 mg. (250 micrograms)

Niacin . . . . . 10 milligrams Pantothenic Acid .50 mg. (500 micrograms)  
plus all other vitamins of the B complex as derived from 200 mg. of Brewers' Yeast  
and 200 mg. of dried liver.

### MINERALS

Iron	10 milligrams	Calcium	375 milligrams
Iodine	.10 mg. (100 micrograms)	Phosphorus	290 milligrams

plus small quantities (.3 mg.) of copper, zinc, manganese, magnesium and cobalt.

PHARMACEUTICAL DIVISION

# STANDARD BRAND

# The Postwar Outlook for Automotive Stocks

*Sales likely to be concentrated among still fewer companies*



By the end of 1944, virtually three years will have elapsed without any passenger cars having been produced for private use. This is a situation without precedent. Considering the importance of automobiles to the American way of life it is but common sense to believe that in postwar years a record business will be done in them.

The situation as regards trucks is quite different, for there has been a large production of trucks for government and lend-lease account. Current volume of truck manufacture is equal to the best reported by the industry in pre-war years. Those trucks built for military use which find their way into the American second-hand market will be an important factor in determining the postwar demand for new trucks.

The automobile industry shows evidence of continued vitality and growth. This, added to pent-up demand, makes possible an optimistic forecast for the after-victory period.

In 1927 the business reached a certain maturity of growth. Dur-

ing that year about 20 million passenger cars and 3 million trucks were licensed. Over the 15-year period from 1927 through 1941, registration of passenger cars increased at an average annual rate of 3 per cent. The average annual increase of truck registrations was 4 per cent. Result, in 1941: Passenger-car registrations totaled 29,507,000; truck registrations 4,876,000. It seems sensible to think that this rate of growth will continue after the war.

The industry divides into two distinct groups: (1) manufacturers of vehicles and (2) makers of parts. The first group—only a handful in number—are dominated by General Motors, Chrysler, and Ford, who before the war did about 90 per cent of the total business. Parts manufacturers, on the other hand, total several dozen. These companies differ widely in nature. Some have long been excellently financed, others have not. Some have become heavily interested in the aviation industry. Others, after the war, will be confined strictly to the automobile business. Still others are diversified outside the auto-power field in railroads,

Prepared by the research staff of a leading New York Stock Exchange house.

*For the infant  
deprived of  
mother's milk*

# SIMILAC

SIMILAR TO BREAST MILK



A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil, and fish liver oil concentrate.



Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements.

Similac dependably nourishes—*from birth until weaning*. One level tablespoon of Similac powder added to two ounces of water makes two fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

M & R DIETETIC LABORATORIES, INC. • COLUMBUS 16, OHIO

refrigerators, and plumbing supplies.

The registration trend during the half-dozen years prior to the war appeared to favor General Motors, to disfavor Ford, and to be neutral toward Chrysler and the independents. Among the four independents none had a clearly good trend and two had clearly poor trends. The war has of course given everyone something of a fresh start and financially has strengthened the smaller companies. This may make the stocks of the smaller companies more interesting at times than those of

General Motors and Chrysler. However, the trends which operated to concentrate sales in a few hands before the war seem likely to operate again after the war.

All in all, the automotive leaders seem to have somewhat unique qualities for investment. They offer a considerable chance of increasing earnings and dividends at the same time that they provide a relatively safe haven for funds. They look promising, not only for new buying but also for investment switching from quality issues with less interesting prospects.

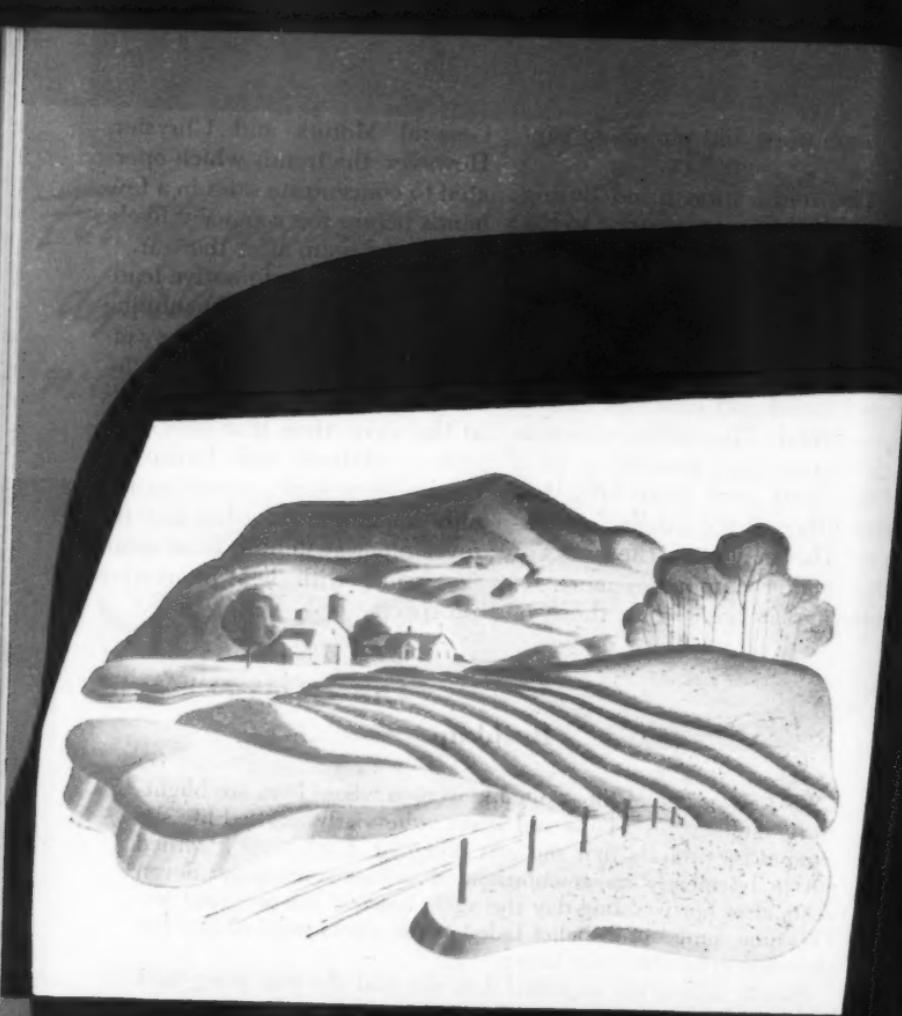
## Build-up

*S*he was one of those pitiable women whose lives are blighted by childlessness. Time and again in her early married life she announced proudly that she was pregnant. Each time it turned out to be merely an amenorrhea of unknown etiology. Seven years after her wedding day she again beamed her pregnant joy. This time, smiles of disbelief faded as the weeks wore on and her abdomen grew obviously larger.

Shortly before her expected date she said she was going back to her old home town in another state. "I want the old doctor who brought me into the world to deliver this baby," she told people. Once in the presence of the former physician, however, she confessed another false pregnancy. Before his amazed eyes she removed wads of cotton that had been skillfully and symmetrically placed over her abdomen. She begged the old man to find a baby that she might adopt. The physician saw readily that for the woman's mental well-being a child was essential. Telegrams were sent therefore to a dozen hospitals in the faint hope that one might have a foundling of just the right age.

Surprisingly enough, just such a baby was found. In due time, the new "mother" returned home, properly weak from her fictitious ordeal and with the new-born child in her arms. She could look the community in the face again. Only two other people knew the simple story of her happiness. Neither her husband nor the physician would tell.

—WILLIAM A. MOORE, M.D.



## Wisconsin Manual Clarifies State Rules of Practice

*Society annual covers wide range  
of legal and economic subjects*



More than one practitioner has spent an exasperating amount of time running down an authoritative interpretation of some state regulation. Perhaps it was concerned with the medical aspects of the marriage laws, the state workmen's compensation act, the statute of limitations. Well-informed on 90 per cent of the economic phases of practice, he finds the remaining 10 per cent—local in character—inducive of many a severe headache.

Not so in Wisconsin. A doctor there may, for example, receive a notice to appear for jury duty. What to do about it? Simple: He reaches for his copy of the Medical Blue Book—and finds the answer quickly: He's exempt.

The Blue Book is not a separate publication but is incorporated once a year with one of the issues of the Wisconsin Medical Journal. Thus the January 1944 number of the journal is designated as the Blue Book issue. It comprises what is, in effect, a manual of the economic and legal phases of medical practice within the state. Its 194 pages this year treat of such things as

autopsies, chiropractic, estate laws, fee splitting, the Wisconsin inheritance tax, malpractice, narcotics, the legal standing of naturopaths and other cultists, premarital examinations, and state health services. In addition, the Blue Book includes the officers, committees, and membership of the Wisconsin State Medical Society; the officers of various state boards and commissions; the constitution and by-laws of the state society; the Principles of Ethics of the American Medical Association; and the amended Soldiers' and Sailors' Civil Relief Act.

While certain standard data are carried in the Blue Book from year to year, revisions and new material are added as circumstances require, so that when a Wisconsin doctor consults his latest edition he does so with full confidence that he is getting up-to-date as well as authoritative information. This year, for instance, the Blue Book devotes considerable space to an analysis of socialized medicine from the viewpoint of the Wisconsin doctor.

—C. R. ROSENBERG JR.

## PATIENTS EVERY DOCTOR KNOWS



### The obese patient

HIS problem, which you share as his physician, is to maintain sufficient energy for daily tasks with restricted caloric intake of a reducing diet.

Welch's Grape Juice can help. The 17 per cent hexose (dextrose-levulose) content provides quick energy (26 per cent increase by actual tests) for exercise but just as quickly dulls the edge of intense hunger and reduces the desire for fattening foods.\* Advise its use by obese patients before low-calory meals and between meals when needed instead of a snack.

Pasteurized and guaranteed pure. Supplied in quart and pint bottles at groceries and soda fountains.

\*Scientific Reprint Available on Request.

### For the obese patient

**Welch's  
GRAPE JUICE IS  
Tops in energy value**

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**WELCH GRAPE JUICE COMPANY**  
WESTFIELD, NEW YORK  
75th Anniversary Year

EVERY PRODUCT BEARING THE WELCH NAME  
BACKED BY 75 YEARS EXPERIENCE

# What They're Reading

## A SURGEON'S WORLD

By Max Thorek, M.D. 410 pages.  
Lippincott. \$3.75

If Alger himself had dreamed up a hero named Max Thorek, the rags-to-riches formula couldn't have been better exemplified than in this autobiography of the 63-year-old Chicago surgeon. To such a sure-fire approach, the author has added reams of anecdotes—the sort book-buyers apparently expect of a doctor. What results is a potential best-seller—with critical readers in the profession left to provide the only raised eyebrows.

Not that Max Thorek could be accused of any breach of ethics. On the contrary, his career has been so far above reproach that his repeated emphasis of the fact becomes a bit tiresome. Yet one gets the notion that the surgeon has never been a bashful fellow; and for this reason, medical men may regard his book somewhat askance.

Nevertheless, it is entertaining stuff.

Driven from his native Hungary by racial persecution when he was seventeen, Thorek and his parents arrived penniless in Chicago just before the turn of the

century. The boy had had a year of pre-medical schooling in Budapest and was determined to be a doctor.

He eventually matriculated at the University of Chicago's Rush Medical College in true Alger style:

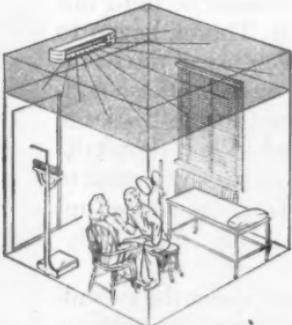
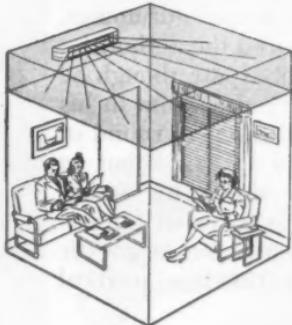
Hearing that the university band needed a snare-drummer, Thorek convinced the authorities that he was an expert, though he had never played a drum in his life and hated the very sound of one. Promptly he set about to learn, nearly drove his father crazy, and was arrested for disturbing the peace. But he got the job—and a tuition-free medical education.

From the moment he hung out his shingle, Dr. Thorek began to encounter adventure of the story-making kind; and it is these endless experiences that fill a large part of his book. Good shop-talk, they range from stirring drama to low comedy, from the almost-unbelievable to the just-barely-printable.

Take the one about the ex-sailor suffering from appendicitis but stubbornly refusing to remove his abdominal belt. After much coaxing on the surgeon's part, the man finally let him have

# **ANNOUNCING THE CASTLE U-V**

## **Controlled Bactericidal Ultra-Violet**



**T**HE Castle U-V was designed to provide your office with the protection that ultra-violet radiation offers . . . to afford an increased measure of protection against air-borne infections . . . for you and your patients.

The New Castle U-V provides a lethal curtain of ultra-violet radiation above your head where the powerful short wavelength ultra-violet rays cannot harm eyes or skin, but when they will be sufficiently concentrated to kill many of the bacteria that will be borne upward by the convection currents of air.

*Write for complete information.*

**WILMOT CASTLE COMPANY**  
**1167 University Ave., Rochester 7, N. Y.**

a look, and what he saw made his eyes pop: a tattoo job pornographic beyond description! The doctor effaced it by plastic surgery—but, at the patient's request, with an all-male cast in the operating room.

With a baby in her arms, a young woman came to Dr. Thorek one day complaining that the breast-fed infant was not getting proper nourishment. The doctor decided to examine the woman's breasts. He soon learned that she wasn't the child's mother at all. She was the nursemaid.

Mere incidents, these, however, compared with the doctor's long excursion into gonadal rejuvenation. When the Frenchman, Voronoff, made his startling "mon-

key-gland" disclosures some twenty-five years ago, Thorek immediately became interested. For several years he devoted his entire efforts to experimental work in this field, performing numerous operations which followed not only the Voronoff technique but also that of the Viennese, Steinach. Later he published his findings, concluding that the day had not yet come when the old could be sexually rejuvenated by testicular implantation.

The experience, however, yielded its share of stories. When glandular rejuvenation first became headline news, the late Dr. G. Frank Lydston, then in his middle sixties, claimed priority on the discovery. To prove his con-

## "See What I Mean?"

I once had a woman patient who was a great worrier, and undertook to explain to her the principles that would, if pursued, enable her eventually to stop worrying. To illustrate my point, I said:

"Suppose you're beset with a great desire to play the piano. You must first learn the basic principles of music, and then practice and practice. You'll progress through the playing of simple music to the more difficult pieces, and finally master highly complicated compositions. If your ambition is great enough, nothing will hold you from your ultimate aim of playing the piano as it should be played."

"The same basic procedure must be followed to overcome a bad habit like worrying. You must first learn the basic principles. Then you must practice them consistently."

As I sat back in my chair, confident that I had made my meaning clear, she replied thoughtfully, "Well, maybe you're right, Doctor, but I just can't do it."

"Surely you can. Others have done it. You can, too."

"I'm afraid not," she demurred. "You see—we sold our piano last week."

—FRANK C. METZGER, M.D.



## **to allay itching**

'CALIGESIC' analgesic calamine ointment is a greaseless, well-tolerated cream with definite, anti-pruritic action. It is intended to relieve the itching of poison-ivy or poison-oak dermatitis, of Summer rash, of temporary eruptions, or other superficial skin irritations.

'CALIGESIC' ointment contains the anesthetic, benzocaine, the protective-astringent, calamine, together with hexyl-m-cresol.

This combination of soothing, cooling ingredients will find ready acceptance.

Available in 1½ oz. tubes through pharmacists. Sharp & Dohme, Phila. 1, Pa.



# **'CALIGESIC'** ointment

tention to Thorek, he invited the latter to his office, stripped, and gave his guest a look—at a three-testicled man. Lydston had experimented on himself, having obtained the "addendum" from an executed criminal. He told Thorek that the transplantation had been something of a pepper-upper generally, if not sexually.

Arguing against the cults, Thorek tells about the time he was summoned to the home of a woman grown rich as a faith-healer. He found her ill with a huge ovarian cyst, advised an operation, and had her admitted to the hospital incognito. By the time she recovered, he assumed, she would abandon her "art." But he was wrong. She immediately resumed business at the same old stand.

To his office one day came a woman—apparently of very limited means—to have a breast tumor removed. The surgeon quoted a low fee, which the patient promptly paid in advance. Not until the operation was over did Thorek learn that she was a wealthy countess who had come all the way from Italy—determined to have the Thorek skill, but at her own price.

On the other hand, Thorek was pleasantly surprised to receive a

check for \$14,000 for an operation involving the removal of fourteen gallstones. The hotel owner who sent the check figured it was worth a thousand a stone to have his wife's health restored. (One of Thorek's assistants who saw the check deplored the fact that the hotel man had not been the husband of a woman from whom, the day before, they had removed a total of *seventy* gallstones!)

Dozens of celebrities have been Thorek's patients.

For instance: the mighty Zbyszko, veteran of scores of bone-crushing wrestling matches, came to the surgeon with a painful boil. When Thorek told him it must be opened, the powerful fellow allegedly collapsed in the doctor's arms.

Then there was Frank Tinney, the popular vaudeville comedian, who bribed his way out of the hospital one cold winter's night to visit a friend. On leaving the latter's house, Tinney was unable to find a cab; so, feigning an attack of something-or-other, the actor had somebody call an ambulance—which proved to be the quickest way to get back to the hospital where he was already listed as a patient.

Thorek has had his taste of

## Stranger

"When did you menstruate last?" I asked the young woman.  
"I don't know," she replied, "I've only been in this country  
four years."

—JUSTIN ROENBUSCH, M.D.

Chicago gangsterism. In his mail one morning, he says, there was a letter ordering him to put \$12,000 into a cigar box and leave it at a certain spot at a certain time—or else.

Scared stiff, Thorek was all for meeting the blackmailers' demand, but his wife stoutly objected. A friend in the district attorney's office also advised against it. So Thorek took a chance—and lived on. He still doesn't know who his threateners were.

More realistic have been the threats made by husbands of his patients. Once, with a colleague assisting him on a difficult obstetrical case, Thorek was obliged to use a filth-ridden kitchen as the delivery room when the husband, a husky Rumanian from the stockyards, refused to allow his wife to be taken to the hospital. While the two doctors worked feverishly to save the woman's life, the husband stood by brandishing a red hot poker and a boiling coffee pot, promising to kill both of them if anything happened to his woman. Luckily, all went well.

There is also the story of how Thorek operated on himself. Hospitalized and half delirious with fever, he learned that his col-

leagues were planning to amputate his right hand which, along with his right forearm, was dangerously infected. His wife, present at his bedside, was aghast when he ordered her to sterilize a hypodermic set and a small scalpel. Overruling her protests, Thorek, with his good left hand, made two incisions on the right one, another on his right forearm, and inserted drains. Miraculously, he recovered—to go on with a career which even his severest critic must admit has been a flamboyant success.

—JOHN K. MORGAN

### 'My Most Interesting Experience'

MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request. Address Medical Economics, Rutherford, N.J.

# COOPER CREME

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## Ration Your Conversation!

*Maybe you can see more patients  
and incur less wear and tear*



The woman's remark came back to me indirectly: "I like Dr. Curran, my dear—but wouldn't you think he'd let *me* do some of the talking?"

That was a long time ago—I've reformed since then—but I was reminded of the incident by a recent MEDICAL ECONOMICS article, "There's Nothing Wrong With You!" I agree: Let your patients talk—you may learn a lot about them. But don't talk too much yourself.

We doctors—some of us anyway—talk when we should be listening. Don't misunderstand me. I don't mean we should affect the demeanor of a sphinx—for taciturnity is just as bad as loquacity. But I do think we can be friendly and solicitous—and still be economical of words.

A few of my friends in the profession frankly admit prolixity. One of them told me recently: "When I started practice, I felt I had the time to talk to a patient as long as I pleased. (I was somewhat taken with the sound of my own voice, too.) Even today, I occasionally give a long, wordy explanation when I could convey the idea clearly in less

than a minute. Guess I'm just gabby.

"Not long ago," he went on, "I caught myself asking a lot of inconsequential questions about a patient's family. On another occasion I diagnosed a heart case—and spent twenty minutes bucking up the patient! I could have done it simply by saying, 'Tom, your heart's not what it used to be, and it never will be again. But cooperate with me, do as I say, and you'll probably last a long time!'"

What would happen if the indefatigable OPA were to ration words to a few thousand a day? We'd soon adopt the habit of getting straight to the point. We'd learn to arrange our thoughts in our minds instead of juggling them on our tongues. As a result, we'd doubtless be able to see more patients.

A colleague of mine, who handles a practice that would flatten many another good man, learned the trick of oral economy a long time ago. Today, he tells me, he rarely averages more than thirty or forty words to a visit!

Recently, one of his patients—

a woman who is perfectly healthy but a chronic complainer—started her usual tale of obscure ailments. The conversation went something like this:

Patient: "I'm sure I'm going deaf. Throat feels kind of raspy, too, and I don't sleep as well as I might. My blood pressure must be way up."

Doctor: "M-m-m."

Patient: "I've never felt like this before. Eat like a bird; don't know how my food keeps me alive."

Doctor: "M-m-m."

Patient: "Maybe it's my diet; you haven't changed it in months. Do you think I'm going through change of life?"

Doctor (completing examination): "Here—get this prescription filled, and don't worry. If you don't feel better in two weeks, phone me."

You may be dubious, but this fellow's patients think the world of him!

I don't mean to imply, of course, that every situation can be handled so sparingly. All patients aren't hypochondriacs, and there are times when an extended, "guided" conversation is necessary to elicit required facts. But let the patient do the talking—they're *his* symptoms!

Once I let a woman get started on my travels abroad, talked her right to the front door and down the porch steps. An hour later my phone rang. "Say," she asked, "did I forget my prescription—or did you?"

—JOHN CURRAN, M.D.

## Demobilized Doctor

[Continued from page 60]

United States. They will have telescoped decades of professional experience into years.

The Government should utilize the services of these men. They gave up their practices to join the Army and Navy, and it will be difficult for many of them to re-establish themselves in civilian life. So it is, too, with thousands of medical school graduates who entered the armed forces without doing any private practice whatever and who have no patients to come home to.

Drawing the civilian doctor into the rehabilitation project not only assures him financial support but also brings about a better distribution of medical care for the population as a whole. However, if his services are to be utilized fully, some practical means must be adopted by the Government for paying him. One way would

**GENOSCOPOLAMINE  
in Paralysis Agitans..**

For relief of *paralysis agitans* GENOSCOPOLAMINE is superior to scopolamine, because it affords faster relief plus greater safety—even in apparently desperate cases. Literature on request.

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**T**HOROUGHGOING experience and established leadership in organic research, development, and production have been the determining factors in the rapid achievement of large-scale Penicillin production by Merck & Co., Inc.

Intensive research on Penicillin, begun in the autumn of 1940, established a sound basis for the successful development of mass production. By applying chemical engineering principles to the manufacture of this intrinsically unstable and difficultly produced substance, Merck & Co., Inc. succeeded in devising and perfecting a practical method of production, based on the mass-fermentation principle.

The following chronologic review tabulates the more important advances leading to the present volume of Penicillin production, including some of the contributions that we have been privileged to make:

**1929**—Penicillin discovered by Fleming in England.

**1932**—First report by British investigators confirming original work on Penicillin.

**1940**—First isolation of solid Penicillin by Oxford investigators.

**1940**—Merck research on antibiotics concentrated on Penicillin.

**1941**—First report of Penicillin's clinical value.

**1941**—Prof. H. W. Florey and Dr. N. G. Heatley, of the Oxford group, visited the United States to confer with interested Government officials and manufacturers, with the objective of establishing Penicillin production in America.

**1941**—Dr. Heatley, who participated in the first production work in England, remained at the Merck Research Laboratories to collaborate with Merck chemists in developing test and pro-

duction procedures.

**1941**—Merck brought about a reciprocal arrangement between British and American investigators to spur production in cooperation with the United States and British governments.

**1942**—Merck supplied Penicillin for first case of bacteremia successfully treated with Penicillin in America.

**1942**—Merck Penicillin was rushed under police escort to Boston for treatment of the Cocoanut Grove fire casualties.

**1943**—Merck sent supplies of Penicillin to England by air transport for urgent therapeutic use by the United States Army Medical Corps.

**1943**—Large-scale production of Penicillin was established by Merck to meet Government requirements.

**1944**—Merck sends ever-increasing supplies of Penicillin to our Armed Forces.

*Merck & Co., Inc. will continue to surpass present production records, with the urgent objective of supplying adequate quantities of Penicillin for civilian use, as soon as the essential requirements of our Armed Forces have been fulfilled.*

An illustrated booklet describing the clinical uses of Penicillin Merck is available on request.

be to broaden the system now in use in states which have enacted workmen's compensation laws. Since these have already received the approval of medical men as a class, they could easily serve as models upon which to base whatever special legislation is deemed necessary. The states could be reimbursed by the Federal Government for cases turned over to the civilian doctor, the specialist, or the institution within its jurisdiction. Other ways suggest themselves based on present practices in different states.

Whatever plan is adopted must function with a minimum of red tape. Civilian doctors must be promptly and adequately reimbursed for services which only they can render. If any step has

been taken in this direction it has not been generally made known.

—S. WILDS

### Organized Medicine

[Continued from page 54]

Group Health Cooperative, Inc., with 10,000 subscribers, took some part in discussions prior to the merger, but eventually decided to stay out. Last month it wired its "hearty congratulations" to Mayor LaGuardia on his plan, calling it "the most important step forward ever taken in this country toward providing, on a voluntary basis, the average family with medical care they need."

Representative Emanuel Celler (D., N.Y.) also telegraphed Mr. LaGuardia, warning him to study the medical society plan before in-

## Treat RESPIRATORY AFFECTIONS 1 systematically with..

## HYODIN

INTERNAL IODINE MEDICATION with Hyodin (formerly Gardner's Syrup of Hydriodic Acid) helps to stimulate bronchopulmonary membranes and promote secretion and liquefaction of mucus. Still less toxic, more palatable. Each 100 cc. contains 1.3 —1.5 gm. of hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in  $\frac{1}{2}$  glass water  $\frac{1}{2}$  hr. before meals.

## 2 locally with..

### SYRUP AMMONIUM HYPOPHOSPHITE

Both available in 4 and 8 oz. bottles. Samples on request.

This demulcent expectorant provides effective sooth-  
ing relief of local inflammation, makes the cough  
more productive and less fatiguing. Contains no  
opiates or sedatives. Each 30 cc. contains 1.05 gm.  
of ammonium hypophosphite (16 gr. in 1 fl. oz.).  
Dosage: 1 to 2 tsp. p. r. n.

Together, these preparations provide a potent com-  
bination for the treatment of chronic bronchitis,  
influenza, grippé, common cold, bronchial dyspepsia,  
unresolved pneumonia, and pleurisy.

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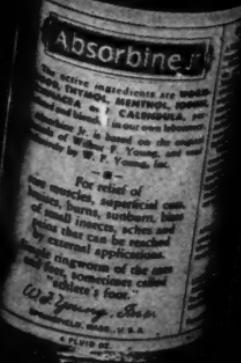
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# For the Relief of MUSCULAR ACHES AND PAINS...



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## Suggested in Gastric Atony with Dyspepsia

The gentian content of Angostura Bitters (Elix. Ang. Amari Sgt.) combined with its palatability make it one of the most efficacious bitter tonics in stimulating digestive secretions, promoting better appetite, and assimilation of foods. Flatulence and discomfort are frequently markedly reduced.



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Professionally preferred for its purity. 4 fl. oz. and  
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viting it "into your general scheme of health insurance. It is hoped," he added, "that you will scrutinize most carefully the names of all the directors and all the laymen and big business magnates" on the board of directors.

Dr. Rawls told MEDICAL ECONOMICS that, while business men predominate on the board at present, in the long run the whole community will be adequately represented. —LEWIS L. MACY

## LaGuardia

[Continued from page 52]

garment industry, one of the city's largest.

Meanwhile, Mr. Heyman was going ahead with plans to organize a nonprofit corporation, which the mayor said, would be controlled by a board of directors representing all factions in the community. The vice chairman thought the organization could be set up "within a couple of months," and that the \$250,000 needed to get the plan under way would be contributed by interested foundations and other groups.

In his broadcast, the mayor paid his respects to the Wagner-Murray bill, calling it "the outstanding legislative proposal before the American Congress" and deplored the unlikelihood of its immediate passage. "When it is enacted into law," he added, "there will be no need for our city plan, and we will be only too happy to turn over our experience and call it a day."

—MELVIN SCOTT

# The NewsLane

## Meningitis Peak

The incidence of meningococcus meningitis in the United States in 1943 was the highest in the thirty years that the Public Health Service has been collecting morbidity data for this disease. Preliminary statistics for 1943 show 17,974 cases reported by health authorities of the forty-eight states and the District of Columbia, giving a case rate of 13.4 per 100,000 population.

## Privacy for EMIC Clients

The names of service men's wives who apply for aid under the provisions of the Emergency Maternity and Infant Care program in Lake County, Ind., will no longer be reported to the public health authorities. After a protest by the county medical society that such reports violated confidential relations between patient and physician, the state health commissioner ordered that the practice be discontinued.

## More Penicillin

Penicillin, it appeared last month, would soon be available in such quantities for civilian use that producers would be able to employ their regular trade channels to distribute it directly to physicians. Meantime, the War Production Board was setting up its system of depot hospitals throughout the country to assist in the rationing of the increased supply made available for institutional use as of May 1. About 1,000 hospitals, it ap-

peared, would act as distribution agencies for other institutions in their areas.

But even with the May increase in civilian allocations, no penicillin was then available for the non-hospitalized patient.

The interim procedure, aimed to bridge the change-over from highly restricted allotment of the drug for clinical research to unhindered commercial distribution, would be abandoned, said the WPB, as soon as producers attained the ultimate goal set for them in the vast penicillin program. Drug men were almost unanimous in their belief that commercial distribution was probably only a few weeks away.

The interim program was being administered by the Office of Civilian Penicillin Distribution, with Dr. John N. McDonnell as director.

## P.T. Apparatus

Restrictions on the manufacture and sale of physical therapy equipment have been eased by the War Production Board. Medical practitioners may now buy certain items that formerly were made only for the armed services, lend-lease, and hospitals.

Amendment of Order L-259 permits manufacture of electric bakers, fever cabinets, galvanic generators, infra-red generators, low voltage generators, magnetic field generators, medical diathermy units, passive vascular exercise apparatus, sur-

# A Comprehensive Course of

The treatment of arthritis as a systemic disease requires comprehensive and collaborated therapeutic endeavors.

With ERTRON therapy, intensive dosage—*Ertronization*—is recommended in order to derive optimum benefit.

To *Ertronize*, ERTRON must be administered in adequate dosage over a long period. Starting with two or three capsules daily, increase the dosage by one capsule a day, every three days until six capsules a day are given. This dosage is maintained without interruption until maximum improvement occurs.

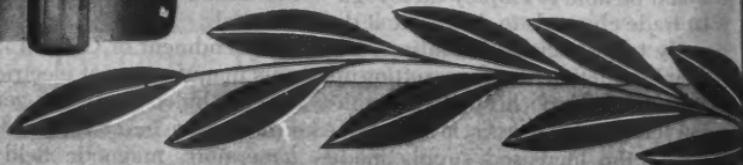
*Analgesic medication* may be employed in conjunction with ERTRON therapy where indicated, particularly in the early stages of treatment.

*Physical therapy* of a suitable nature may be instituted, and orthopedic measures are often of help. The removal of chronic foci of infection is likewise part of the program.

*Acting systemically*, ERTRON attacks arthritis as a systemic disease. Its rationale is established in the literature covering a nine-year period.



**ERTRON Parenteral**—For the physician who wishes to reinforce the routine administration of ERTRON by parenteral injections. ERTRON Parenteral is available in packages of six 1 cc. ampules. Each ampule contains 500,000 U.S.P. units of electrically activated, vaporized ergosterol (Whittier Process).



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gical diathermy units, ultra-violet radiation equipment, and whirlpool baths.

In addition, electric bakers, infrared generators, and ultra-violet radiation equipment may now be sold or rented to any person upon presentation of a written prescription of a physician.

### Dr. Wassell on Screen

Paramount has released "The Story of Dr. Wassell" with Gary Cooper in the title role of the physician

who smuggled eight seriously wounded American sailors out of Java as the Japs invaded that island early in the war. The film is based on James Hilton's book.

All told, Commr. Corydon McAlmont Wassell, M.C., U.S.N.R., evacuated forty-two men from war areas. He won the Navy Cross for his exploits, which were first revealed to the nation in a radio broadcast by President Roosevelt on April 28, 1942.

Commander Wassell will be sixty



Commr. Corydon M. Wassell and two of the men he rescued from Jap-invaded Java meet on a Hollywood movie set during the filming of "The Story of Dr. Wassell". Left to right: Melvin Francis, who was invalided out of the Navy and who plays the part of himself in the production; Robert Whaley, still in service; Signe Hasso, leading woman; Commander Wassell; and the film's "Dr. Wassell," Gary Cooper.

on July 4. He received his M.D. in 1909 and subsequently became a medical circuit rider in his native Arkansas. Later he spent twelve years in China. He was commissioned in the Naval Reserve in 1940.

### Letting Congress Know

"It is obvious that the opening of a Washington office by the United Public Health League has already borne some tangible fruit," declared John Hunton, its secretary, when sending out copies of an address delivered recently in the House of Representatives by Congressman George E. Outland of California. The speech, which extolled the California Physicians' Service, was prepared and delivered in cooperation with the league, according to Mr. Hunton.

The United Public Health League, sponsored by the medical societies

of Western states, says California doctors feel that Outland's address serves a "useful purpose in letting Congress know of the movement toward medical care programs by the organized medical profession."

Medical care programs in other states might be similarly held up to Congress by representatives from such states, the league suggests, adding that "a sufficient volume of addresses of this character would be bound to make a profound impression upon Congress."

### "You Pays Your Money . . ."

Doctors, like other citizens, enjoy a good belly-laugh at the often contradictory interpretations of tax regulations by "tax experts," says Dr. Vincent Williams, president of the Jackson County (Mo.) Medical Society. But, he adds, medical opinion



## Secondary Anemia AND GREATER IRON UTILIZATION

Iron alone may produce some increase in hemoglobin formation. But when a small, scientifically determined amount of copper is added, as in Copperin, the maximum response in hemoglobin regeneration may be anticipated. Copperin is so well tolerated that premature infants routinely accept it without untoward reaction. Prescribe Copperin "A" for adults, Copperin "B" for children. Write for samples to Myron L. Walker Co., Inc., Mount Vernon, N. Y.

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## Simplifying control of URINARY INFECTIONS

Mandelamine (methenamine mandelate), as a result of its chemical structure, promotes an intensified bactericidal action.

Mandelamine evidences effectiveness against a wide range of organisms common in urinary tract infection.

Mandelamine therapy, because of the comparatively small effective dosage, rarely produces the toxic reactions frequently observed with other urinary antiseptics.

Mandelamine administration usually does not require accessory acidification, routine pH control, or fluid or dietary restrictions.

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Please send me literature, and a physician's  
sample of Mandelamine.



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coated tablets of  
0.25 Gm. each, san-  
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is often just as contradictory and confusing to patients. Dr. Williams recalls the action of a newspaper which sent out five or six men with identical figures of income and expenses, and got a different tax estimate from every "expert" consulted.

"Yet how differently do patients fare when they present themselves to their doctor?" he inquires. "If Mrs. Blank brings her breast nodule to Dr. Handholder he may give the following advice: 'Don't bother it unless it bothers you.' She then consults Dr. Cuttem who says, 'You better get that out right away; it may be an early cancer.'

"Or take the case of Johnny Jones who had his back hurt on a street car. Dr. Companee Mann says, 'No permanent disability or certainly not over 5 to 10 per cent at the most.' But Doctor Faver DeBois explodes, 'That back is badly damaged, and in my opinion will never be better —may even get worse; at least 45 per cent permanent partial disability.'

"Who looks like a crook or dumbbell before the laity now?"

### Postwar Training

Medical officers on independent duty on small ships or with isolated units will need refresher courses and a considerable amount of additional training when they return from war service. This view is expressed in a letter received by Dr. Edgar H. Norris, Dean of Wayne University College of Medicine, from Lieut. George

S. Sayre, M.C., USNR, who was graduated from the school in 1942.

A small ship with only about 10 people aboard does not offer much in the medical line when all is quiet. Lieutenant Sayre writes, adding:

"To date I have practiced exceedingly little medicine. I feel very rusty indeed and I am sure there are many like me. When we all finally get back for good I'll bet that there is going to be a rush of applications to schools and hospitals such as there never was before."

"This is a problem close to the thoughts of all the men in the service who, like myself, have had little or no experience beyond a general internship, and who are now on duty in the far corners of the world."

### Bricker on Medicine

Current agitation to give the Federal Government complete domination over medicine was assailed by Gov. John W. Bricker of Ohio in a recent address at Peoria, Ill. While he did not refer directly to the Wagner-Murray-Dingell bill, Gov. Bricker indicated he had that proposal in mind when he warned that governmental management and regimentation of medicine would be "a distinct threat to the future health of our people." While government "must promote education, health, and public welfare," the Governor declared "it must leave to individual human beings a full measure of control over their own destiny."

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Modern Formula      No Alcohol  
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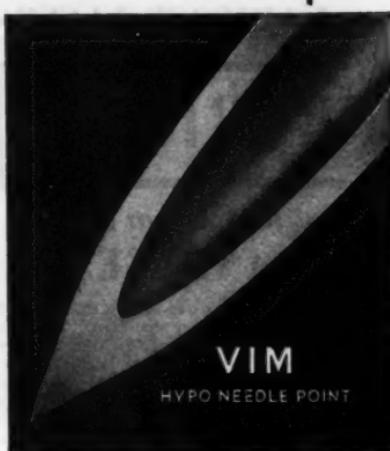
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Stainless Cutlery Steel
- ... with sharp  
Hollow-Ground Points
- ... and knife-sharp,  
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GAUGE	LENGTH	PRICE DOZ.
27	3/8"	\$2.50
27	1/2"	2.50
26	1/4"	2.50
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26	1/2"	2.50
26	5/8"	2.50
25	1/2"	2.50
25	5/8"	2.50
25	3/4"*	2.50
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22	1"	\$3.00
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22	1 1/2"*	3.00
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20	2"	3.50
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18	1 1/2"*	3.50
18	2"	3.50

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\*Also with intravenous point

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# CRURICAST

## Modified Unna's Paste BANDAGES

Just roll on ready-to-use CRURICAST Bandages like ordinary bandage. No heating, no mess, no painting. In one comfortable, stay-put dressing your patient gets: (1) compressive action against venostasis, (2) soothing, healing modified Unna's Paste medication.

Indications: Varicose ulcers, lymphedema, phlebitis, chronic thrombophlebitic induration. Ask your dealer for CRURICAST Bandages. Send for descriptive literature, Dept. M.E.

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# KONSYL

## A Rational Regime in the Treatment of Constipation



The undesirable ingredients such as irritating drugs, coarse roughage, and mineral oils are not found in KONSYL. It is the original non-habit forming concentrated vegetable muciloid made from Plantago Ovata, which prevents constipation by absorbing water and swelling into a soft, bland "jelly" bulk lubricating the bowels without irritation or leakage.

Also manufacturers of L. A. FORMULA containing Vitamin B<sub>1</sub>, Lactose, Dextrin and Plantago Ovata Concentrate. Write for Literature.

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tion's proposals "for government intervention between the doctor and his patient," Governor Bricker said he regarded these "as an undeserved affront to a loyal and admirable profession."

"American doctors," he declared, "have made eminent progress in caring for the health of our people. Medical organizations and private hospital groups are making substantial progress toward the goal of providing adequate medical and hospital care for all . . . Whatever governmental attention is proper or desirable in this field can be given much better by the states themselves or by private agencies who are closer to the people and have a better grasp of the problem."

## Ambulance Kickbacks

Alleged fee-splitting between certain doctors at Queens General Hospital, New York, N.Y., and the operators of private ambulance services has been under investigation by order of Mayor LaGuardia. In the course of the inquiry, which may be extended to city hospitals in other boroughs, it has been charged that admitting physicians receive a 20 per cent share, or \$3, of each \$15 charge made for the use of an ambulance.

## Medical Corps Hero

Credit for saving fifty American service men from drowning during the attack on Mellu Island in the Kwajalein Atoll has been given to Lieut. Irad B. Hardy Jr., M.C., of Waltham, Mass., and three enlisted men, in a news report from the Pacific.

Men were being thrown into the huge, rolling waves from landing craft as one after another capsized. Officers were unable to get a line to



## Doctor—has this ever happened to YOU?

It does happen! 8 out of 10 physicians, according to a recent national survey, do have occasion to recommend treatment for emergency dental pain. Here's a suggestion—treat this condition with the well-known POLORIS DENTAL POULTICE. For over 30 years the dental profession has prescribed POLORIS for pain caused by

Dental abscess • Pain after extraction • Erupting third molar • Irritation after filling • Other painful conditions of the teeth and gums

NOTE: For cavity toothache, pack with pledge of oil of cloves or other drug of choice, then place POLORIS between cheek and gum at affected tooth.

POLORIS is easily applied between

cheek and gums and provides prompt, safe relief until more complete dental treatment is available. POLORIS will usually ease pain without need for opiates or sedatives—will not cause any condition which will interfere with subsequent dental treatment.

### WHAT POLORIS IS

Poloris is a scientifically tested and proven dental aid . . . acts on medically accepted principle of counter-irritation. Formula consists of Capsicum, Aconite Napellus, Hope, Sassafras Root and Hydroxyquinoline Sulfate. Poloris has never been advertised to the public. It has always been ethically promoted—is obtainable at all drug stores.

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**POLORIS**

For Dental Pain

the nearest men struggling in the surf.

Just then Hardy, who had been an All-American football star at Harvard, was seen swimming toward the LCI. One of the few able to drive through the rollers, he was not even winded as he clambered aboard and outlined a plan of action.

Men were calling for help. The doctor went overboard, taking a line through the surf. He swam to a sand-spit where a tall pole had been erected as a reef marker. To it he fastened the line. Then, he helped the men, one by one, to reach it.

At the LCI, three enlisted men leaped into the water and held the line so that the rescued soldiers could board the boat where the surf was weakest. Lieutenant Hardy plunged repeatedly through the combers, caught men who were near drowning, and dragged or carried them to the lifeline.

### Won't Ban Birth Data

A proposal for withholding from the press the list of births now available at all registrars' offices has been abandoned by the New York State Department of Health. Immediately after a meeting to consider the proposal, the department said the state's Attorney General had ruled that it had no authority to adopt such a regulation.

The plan had been suggested primarily to protect unmarried mothers and illegitimate children from publicity, but the New York State

Publishers' Association had argued that if it were approved, other departments of the state might also attempt to regulate publication of official information. Most newspapers throughout the state have been voluntarily withholding publication of illegitimate births, and their counsel said they would continue to do so.

### White Paper

The complete pattern of British social medicine, as proposed by the government's White Paper, "A National Health Service," was made available for American scrutiny last month with the publication of a U.S. edition of the paper at 75 cents by Macmillan. The eighty-five page brochure contains not only the broad outline of the plan, but five appendices in which its various phases are discussed from the official standpoint.

Of primary interest to physicians in this country is the Government's discussion of the remuneration of general practitioners. Pointing out that under the proposed plan most G.P.'s would receive practically all their income from the Government, an appendix says that the method of payment must be studied in the light of "what is on ordinary professional standards a reasonable and proper remuneration for the whole-time services of a general practitioner working in the public service."

Thus, the Government indicates such details as adjustments for part-time work, superannuation rights,



Stimulates entire colon without griping or nausea. Comfortable evacuation in 6 to 12 hours. Especially valuable in habitual constipation. Formula and samples to physicians on request.

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are available  
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## A New U. D. Product for the treatment of Eczema — STARZIN

In answer to the demand for a stainless Coal Tar, Zinc Oxide, and Starch Ointment for the treatment of Infantile Eczema, we are advising physicians of the U. D. Ointment of this type, available under the name of *Starzin Ointment*.

U. D. Starzin Ointment is comparatively stainless and is accepted as superior to crude coal tar.

It contains: Solution of Coal Tar N. F. 10%, equaling 2% of Coal Tar; Zinc Oxide 15%; and starch 25% in an ointment base of white Petrolatum, Paraffin Oil, and Lanolin.

Such a formula is especially useful for the relief from itching and irritation associated with Infantile Eczema, and for Eczema in adults, as well as for other minor skin irritations such as certain types of industrial dermatoses where the physician finds a Coal Tar Ointment to be indicated.

Directions for use are simple — application once or twice daily . . . in the case of Infantile Eczema to be applied only as the physician directs. We shall

be pleased to have you give this ointment, prepared and tested in the modern U. D. Department of Research and Control, a trial.

You may obtain all U. D. products at your friendly neighborhood Rexall Drug Store . . . where trained pharmacists stand ready to fill your prescriptions to the letter . . . and where stocks are always fresh. We suggest your patients will find it convenient, safe and economical to patronize the Rexall Drug Store.



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and the question of computing income on a gross or a net basis, are all of minor import. Either the salary system, the capitation-fee system, or a combination system can be used once the "main figures" have been arrived at, it contends.

It is not the Government's intention to make the salary system universal, the appendix continues, though in certain cases, where this method of payment is "necessary to efficiency," or where physicians may prefer such an arrangement, the salary system is advocated. Whatever method is agreed upon, the paper sets up two principles to be followed: (1) Participating physicians must receive "an adequate and appropriate income"; and (2) the system must be flexible in providing for those doctors with "extra qualifications and extra energy and interest." The Government stands ready to discuss these "crucial matters" with the profession's representatives, the appendix concludes.

### Favors "Health Army"

Men under 38 classified as 4-F nearly equalled, in April, the number serving in the armed services overseas, Maj. Gen. Lewis B. Hershey, National Selective Service Director, recently disclosed. He advo-

cated a peacetime program of at least one year of physical training for all young American men. He said he based his recommendation on the fact that of 3,600,000 men found physically unfit for military service 1,400,000 were under twenty-six.

Schools have fallen down on the job, he declared, and a system of compulsory military training is needed to provide the nation's young men with physical conditioning, physical rehabilitation, practice in healthful living, and training in democracy.

### Urge Union

Some physicians in Niagara Falls, N.Y., are so resentful of "political attempts to coerce them into medical practice under dictatorial government control" that they are studying the advisability of forming a labor union in self-protection. This was reported at a meeting in Buffalo by Dr. Richard H. Sherwood, of Niagara Falls, former president of the Niagara County Medical Society.

"The Supreme Court of the United States has accepted the view that the practice of medicine is a trade," Dr. Sherwood said. "Such being the case, it is only logical for doctors to organize along these lines. If the people helped during the depres-

Harrower

Endocrines

Pharmaceuticals

GLENDALE, CALIFORNIA

NEW YORK

DALLAS

CHICAGO

...SYMPTOM OF THE TIMES...



Wartime transportation is tough on the bus-driver! No wonder he's apt to suffer from so-called nervous indigestion and stomach upsets due to hyperacidity. He'll be thankful for BiSoDoL—it's an effective antacid alkalizer. One teaspoonful of BiSoDoL powder or 3 tablets help bring prompt relief from distress due to excess gastric acidity.

# BiSoDoL

REG. U. S. PAT. OFF.

POWDER • MINTS

THE BiSoDoL COMPANY • NEW HAVEN, CONN.

*For  
head colds, nasal  
crusts and dry-  
ness of the nose*

**R. OLIODIN 5 fl.**  
(De Leoton Nasal Oil)

Oliodin produces a mild hyperemia with an exudate of serum, loosening crusts, relieving dryness and soothing mucous membranes. Breathing improved.

Write for Samples

THE De LEOTON COMPANY  
Capitol Station Albany, N. Y.



## IN HEMORRHOIDS

### NUZINE OINTMENT

*Analgesic — Decongestive*

Soothes the irritated areas, removes the danger of reinfection by scratching. Permits rest and relief necessary to healing.

In 1-oz. tubes with special applicator; easily removed label.



NUMOTIZINE, Inc.  
900 North Franklin St.  
Chicago, Illinois

**INTESTINOL**  
CONCENTRATED  
For Rapid Relief

**INTESTINAL INDIGESTION  
GALLBLADDER STASIS**

Powerful hepato-biliary stimulant and digestive aid. Concentrated Intestinol in biliousness, intestinal indigestion, and recurrent flatulence. Pure bile salts, concentrated Pancreatin, Duodenal Substance and Charcoal. Bottles of 50 and 100 tablets.

For literature address Dept. E  
CAVENDISH PHARMACEUTICAL CORP.  
25 West Broadway, New York, N. Y.

sion are now going to try to force them into the kind of medical practice they disapprove of; if the people are going to ignore a record of medical care that surpasses the very best that Europe ever had to offer; if they are going to accept a communistic pattern for the medical care of United States citizens—then doctors cannot be blamed for also accepting the Supreme Court view that their profession is a trade. Doctors are workers. They wish to get on with their work. They do not wish to be organized by political racketeers who are more interested in political power than they are in the health of the people."

Physicians "need stronger organization," Dr. Sherwood declared, because there will be "a tremendous oversupply" after the war, with most doctors "forced to work for almost nothing in order to keep alive."

### Dehydrated Drugs

Asserting that dehydration of biologicals simplifies their shipment and conserves their potency, American Home Products plans a whole new line of dehydrated drugs after the war.

### Hospital Survey

Grants totaling \$105,000 have been received by the American Hospital Association to carry on a two-year study of hospital facilities in the United States. The funds were provided (\$35,000 each) by the Kellogg Foundation, the Commonwealth Fund, and the National Foundation for Infantile Paralysis.

The study, which will involve, among other things, an analysis of the distribution of hospital beds and hospital care, will be conducted by a twenty-man commission represent-

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# New Biodyne Burn Therapy\*

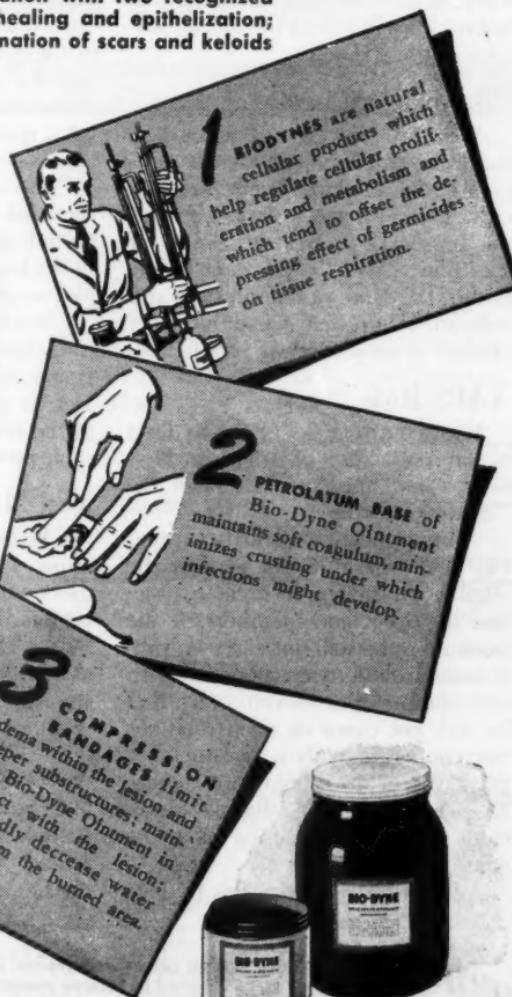
## combines all 3

A new discovery in combination with two recognized local aids results in faster healing and epithelialization; relief of pain; decreased formation of scars and keloids

\*

FIFTY-NINE SCIENTIFIC PAPERS published in American and foreign journals, furnish the background for the biodyne concept which is the basis of the new burn therapy.

WRITE FOR REPRINTS of one of the most recent and complete discussions of this new advance in burn treatment which appeared in the August, 1943, issue of *Southern Medicine & Surgery*, titled "Burn Therapy Founded on Cellular Stimulation," by Thomas F. P. Walsh, M.D., and Leo G. Nutini, M.D.



## BIO-DYNE Ointment

Manufactured by Sperti, Inc., Cincinnati, Ohio

THE ONLY PETROLATUM OINTMENT CONTAINING BIODYNES

Sperti Bio-Dyne Ointment is available from leading surgical supply houses in 15-oz. jars at \$5.30; 5-lb. jars at \$21.50.

ing the medical and dental professions, hospitals, public health groups, labor, farmers, and the general public. Although the selection of members will be largely in the hands of the hospital association, the commission will function as an independent body, and its recommendations will not necessarily reflect the official policies of the AHA.

### Vitamin A Shortage

A serious shortage of vitamin A has followed depletion of the supply of soupfin shark livers, its principal source. A recent month's landing of sharks at Seattle, center of the fishery, was 70 per cent below that of the same period of 1943 and indications are that consumption of vitamin A now exceeds production.

### AAPS Rule

Most controversial of the by-laws of the Association of American Physicians and Surgeons has been the "75 per cent rule":

"The applicant shall further agree: (a) that where 75 per cent of the eligible physicians in civilian practice have become members of the association, he will not carry on professional relations nor cooperate with any non-member therein; (b) that he will not carry on such relations nor cooperate with a non-member physician in any other county where 75 per cent of the eligible physicians in civilian practice have become members . . ."

As to enforcement of this by-law,

the temporary board of directors has declared:

"Any organization of this character must determine when circumstances have arisen which require the enforcement of any of its rules or regulations. It is vested with some discretion as to the manner of such enforcement. This is particularly true of the AAPS because of its pioneering characteristics and also because of the inability of anyone to predict what questions or emergencies may arise."

"The authority vested in the association and its branches is of a potential nature, necessarily expressed in the beginning in its fullest breadth and scope."

"Neither the AAPS nor any of its branches will resort to measures more drastic than may be necessary to protect its membership and the public at the time conditions may demand such protection."

### Test Music Therapy

Clinical studies of the value of music in treating mentally ill soldiers will be carried on at the Walter Reed Hospital, Washington, D.C., by the Office of the Surgeon General of the Army in cooperation with the American Society of Composers, Authors, and Publishers.

### Warning Colors

Tragedies which follow the accidental substitution of a poison for a food product in institutions and in the home may be eliminated by col-

*with  
Confidence  
Doctor*

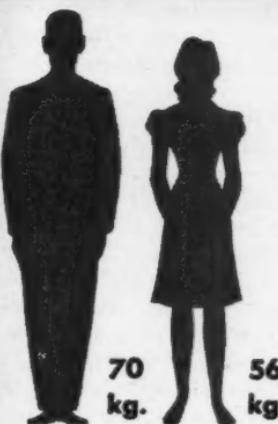
You can advise Resinol when ointment medication is indicated to relieve symptomatic itching. All its ingredients are well known for their effectiveness, and it has stood the test of 45 years' satisfying use. Why not try it? May we send you a sample? Just write Resinol ME-29, Belto-1, Md.

**RESINOL**

## 3 Reasons

**why you may wish to specify VIMMS  
when prescribing a diet supplement**

FOR THE MODERATELY ACTIVE MAN AND WOMAN



RECOMMENDED MULTI-VITAMIN BALANCE*	VITAMIN	VIMMS FORMULA (3 tablets)
4,000 USP Units:	A	5,000 USP Units
1 mg.	B <sub>1</sub>	1 mg.
2 mg.	B <sub>2</sub> (G)	2 mg.
600 USP Units	C	600 USP Units
400 USP Units	D	500 USP Units
10 mg.	P-P (Niacin Amide)	10 mg.

In addition, Vimms supply the minerals most frequently deficient in the average diet.

**CALCIUM 375 mg. PHOSPHORUS 250 mg.  
IRON 10 mg.**

\*Journal of the A.M.A., July 18, 1942, pp. 948-9

1. The Stiebeling-Phipard report showed that at least 3 out of 4 people were not getting enough vitamins and minerals from their meals. The Vimms formula (3 tablets) is calculated to raise the average diet up to or above Recommended Daily Allowances for all vitamins recognized as essential in the diet—and for calcium, phosphorus and iron.

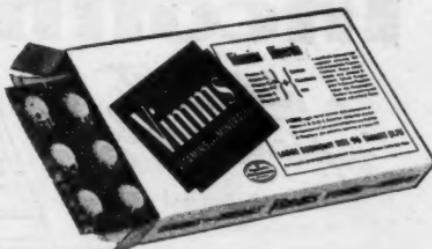
2. For patients requiring special consideration, Vimms have these advantages. The formula can be conveniently prescribed in fractions or multiples ...Vimms are palatable—the tablets are pleasant to chew, easy to swallow.

3. Vimms are stable—potencies are chemically and biologically controlled.

Tests on human subjects show that the vitamins in Vimms are readily available for absorption...Vimms are low in cost—50¢ for 24 tablets; \$1.75 for 96; \$5 for 288.

\* \* \*

For professional samples, write to Pharmaceutical Division, Lever Brothers Company, Dept. ME22, Cambridge, Mass.  
(Offer good in U.S.A. only)



oring insecticides, bulk dry chemicals, etc. This precaution has been urged upon manufacturers by Wallace G. Campbell, former Federal Food and Drug Administrator, following an investigation of the death of a number of babies in a New England hospital after boric acid had been accidentally substituted for dextrose in a feeding formula.

This tragedy recalled earlier ones, notably the deaths of forty-seven inmates of the Oregon State Hospital, and the poisoning of 216 others, when a kitchen helper mistook sodium fluoride for dried milk in preparing a meal. A similar error at a Salvation Army center in 1940 resulted in the poisoning of forty persons, of whom twelve died.

Several manufacturers have already begun to color potentially dangerous insecticides and chemicals a bright red or green.

### Ads Laud Doctors

A dramatic advertising campaign, publicizing the wartime strain on the civilian physician, was sponsored recently in Cincinnati newspapers by the Dow Drug Co., a retail drug chain with stores in Cincinnati, Pittsburgh, and nine smaller cities. Inaugurated last October, the campaign's first thirteen insertions high-

lighted the doctor shortage, and urged the public's cooperation. Subsequent insertions have urged the public to be prepared for home emergencies.

### Tuberculosis Drop

Tuberculosis—the chief cause of Army medical discharges in World War I—dropped to tenth place in 1943, according to Col. Esmond R. Long, of the Surgeon General's office. He attributes the improvement to "the routine use of the chest X-ray for finding early tuberculosis."

### Eddyites Lose

Christian Science clashed with preventive medicine at Missouri's constitutional convention recently, and the followers of Mary Baker Eddy lost. They wanted a clause in the new constitution's bill of rights that would guarantee them protection from any interference with their "right" to rely on prayer and spiritual means alone for healing. Opponents pointed out that this guarantee would balk public health measures and forestall, for one thing, the control of epidemic diseases. Eventually the clause was eliminated.

One delegate had summed up opposition by declaring: "The Federal Constitution guarantees to every man

**Incofin**  
*-a different  
topical analgesic*

Provides unusually fast and effective relief from muscle, nerve or joint pains—



—concentrated  
supplies 15% methyl salicylate and 15% menthol, with camphor and capsicum.

—non-greasy  
entirely new, alcoholic soap base—which is completely washable and non-staining.

—non-irritant  
produces neither burning nor irritation... yet highly effective.

**TAKAMINE LABORATORY, INC.**  
CLIFTON, N. J.

# HUNGER LESSENS AS AGE ADVANCES

"But periodic starvation has no place in the care and conditioning of the old and is one of many useless middle age fads."\*

To encourage proper alimentation of the elderly patient with minimum strain on digestive capacity, why not encourage the frequent use of



## HORLICK'S FORTIFIED

Rich in easily assimilated protein, carbohydrates, fat, Horlick's Fortified can be taken at frequent intervals without upsetting digestion or tending to cloy the palate.

Horlick's is obtainable at all drug stores

Recommend  
**HORLICK'S**  
PLAIN  
(*Powder or Tablets*)

**HORLICK'S**  
FORTIFIED  
(*Powder or Tablets*)  
A, B, D & G

\*Tuohy, E.D.: Feeding the Aged, Handbook of Nutrition, Pub. by Am. Med. Assoc., 1943, pp. 366-384.

The Complete Malted Milk . . . Not Just a Malt Flavoring for Milk

# HORLICK'S

the right of any religious beliefs his conscience may dictate. It also guarantees him the right to worship in any way he sees fit, provided his practices are not inconsistent with the public health, public safety, or public welfare."

### Medical Archives

Collation and preservation of the widely scattered medical records of various Federal agencies has been undertaken jointly by the National Archives and the National Research Council. The first task—of determining which records should be preserved as valuable for future research—will be delegated to a committee headed by Dr. George W. Corner, Carnegie Institution, Washington, D.C.

The vast scale of the study is indicated by the fact that some 900 Federal hospitals and agencies maintain records of diagnosis, observation, and treatment of patients, as well as digests and statistical summaries of such documents. Other material covers research and experimentation over a thirty-year period.

### Farmers vs. Wagner

America's farmers want no part of compulsory health insurance, say two of their leading national organizations, the National Grange and the American Farm Bureau Federation. The grange has told 3,000 American editors that the Wagner bill is the "height of folly" and that its title "reads like a quack medicine ad-

vertisement. If this bill should ever pass—which God forbid—the entire country would be hopelessly mired in the Dismal Swamp of state socialism."

To its own members the grange has recommended voluntary prepayment health insurance.

The farm bureau's opposition to socialized medicine was summed up by Mrs. Charles W. Sewell, executive administrator of the woman's division. Farm people, she said, oppose the bill because they are convinced it would mean lowered standards of medical service, and also because they are "proud and conservative, and as far as possible want to pay their own way."

### Income—\$154 Billion

National income for 1944 may hit a new high of \$154,000,000,000 if the upward trend of the first quarter continues throughout the year.

### Anti-Wagner Drive

Four months after the inception of a campaign against the Wagner-Murray-Dingell bill, the Erie County (N.Y.) Medical Society had

Raised \$15,000 to carry on its offensive;

Provided speakers for audiences totaling 15,000 people;

Distributed 75,000 pamphlets, 3,500 posters.

During that period the society reached hospitals, schools, business concerns, laymen's groups, and individuals throughout the western



A leg make-up free from all allergens and irritants. Contains no irritating resin or aniline dyes. Goes on smoothly—does not rub off—but easily removed with soap and water. In three popular shades to simulate hosiery. Write for FREE formulary.  
Ar-Ex Cosmetics, Inc., 6 N. Michigan, Chicago

AR-EX COSMETIC HOSE





*When a patient  
seeks advice on the*

## ADEQUACY

### OF INTERNAL MENSTRUAL PROTECTION...

Both in independent laboratory tests and in careful clinical studies, Tampax tampons have been shown to possess a wide margin of safety in providing for intravaginal absorption of the flux.

Though variations, of course, occur in the amount of blood lost during the period—most women have been found to conform within relatively narrow departures from the average of 50 cc.<sup>1</sup>

Even *Junior Tampax* provides amply adequate protection—with its absorptive capacity of 20 cc. for *each tampon*, or 200 cc. for the period (10 tampons are usually considered an ordinary month's supply). In addition, *Regular Tampax* has a capacity of 30 cc., and *Super Tampax* 45 cc. for *each tampon* (or 300-450 cc. for the period).

In a recent study<sup>2</sup> of 110 young nurses employing Tampax tampons for catamenial protection, it was found that

"95 per cent used tampons with satisfaction all through menstruation."

In another series<sup>3</sup>, 18 (or 90%) of 21 subjects had "complete protection". Also "complete protection was afforded in 68 (94%) of 72 periods reported."

Other clinicians<sup>4</sup>, investigating "twenty-five women under close institutional observation", noted that "with a tampon of proper size, absolute comfort and complete control of the flow can be obtained . . . the obvious advantage of the small, medium and large sized tampon of the particular brand (Tampax) is to be noted."

The results of this research parallel the experience of thousands of women who have found that Tampax affords thoroughly adequate protection.

(1) Am. J. Obst. & Gyn., 35:839, 1938. (2) West. J. Surg., Obst. & Gyn., 51:150, 1943. (3) Clin. Med. & Surg., 46:327, 1939. (4) Med. Rec., 155:316, 1942.

# TAMPAX

accepted for advertising by  
the Journal of the American Medical Association

TAMPAX INCORPORATED  
PALMER, MASSACHUSETTS

Please send me a professional supply  
of the three absorbencies of Tampax.

NAME \_\_\_\_\_ ME-64

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CITY \_\_\_\_\_

and southern areas of New York State. To finance the campaign at the start, it voted to assess each member \$25. Many contributed from \$50 to \$100.

### Would Aid Negro M.D.

A greater number of qualified Negroes should be accepted as students in medical colleges and as internes and staff members in hospitals, says the Medical Society of the County of New York. This is merely a matter of practical justice, according to Dr. Iago Galdston, secretary of the society's committee on education and publicity. "The profession," he adds, "is waking up to the problem of providing medical care for the 10,000,-000 Negroes in the country."

In neighboring Brooklyn, the Kings County Medical Society has also urged acceptance of qualified

Negro physicians as hospital staff members, both in "municipal hospitals, where they can continue their medical training, and in voluntary hospitals, where they can also eventually care for their own patients in private or semi-private rooms." At present, says the society, many Negroes well able to pay for medical or obstetrical care frequently go to city hospitals "because their family physicians cannot care for them in voluntary hospitals."

### Kenny Method

More than \$500,000 has been spent since 1940 by the National Foundation for Infantile Paralysis in testing and evaluating the Kenny method and in training doctors, nurses, and physical therapy technicians to use it, says the foundation's fifth annual report. At the University of

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**Formula:** Occy-Crystine is a hypertonic solution of pH 8.4, made up of the following active ingredients — sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts, contributing to the maintenance of solubility.

*Trial supply and full data gladly sent on request to*

**OCCY-CRYSTINE  
LABORATORY**  
SALISBURY, CONNECTICUT

Prescribed with increasing frequency in arthritic cases, Occy-Crystine serves four important therapeutic objectives . . .

## WAY ACTION IN ARTHRITIS

*It quickly relieves colonic stasis by catharsis,*

*It markedly improves liver and gallbladder function,*

*It stimulates renal clearance of toxins by diuresis, and*

*It releases colloidal sulfur, so frequently deficient in the arthritic economy. Try it in your next case!*

## OCCY-CRYSTINE

*the sulfur-bearing saline detoxicant-eliminant*

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# Consistently proving their **SUPERIORITY...**

## RIB-BACK BLADES

feature undeviating qualities  
that facilitate the more  
successful attainment of the  
surgical objective

IN COMBINATION, the distinctive features which characterize these widely preferred surgical blades afford the optimum in cutting efficiency. They provide superior sharpness with uniformity. Greater strength is attained by the exclusive application of the Rib principle of blade reinforcement. All are qualities which contribute to long periods of satisfactory service and virtually eliminate the element of distractive influence.

The quality of Rib-Back Blades has suffered no wartime change. They continue to be offered at the lowest price consistent with their inimitable precision qualities.



Ask your dealer  
**BARD-PARKER COMPANY, INC.**  
Danbury, Connecticut

**B.P.**  
A B A R D - P A R K E R P R O D U C T

*Estivin*

for QUICK, DEPENDABLE  
*Hay Fever Relief*

The torments of itching, burning eyes, blurred vision, uncontrollable sneezing and other ocular and nasal symptoms of hay fever usually respond quickly to the application of ESTIVIN.

One drop of Estivin in each eye, two or three times daily is generally sufficient to keep the average patient comfortable during the entire season. In more severe cases, additional applications whenever the symptoms recur will assure freedom from discomfort throughout the day.



**Schieffelin & Co.**

Pharmaceutical and Research Laboratories  
20 COOPER SQUARE • NEW YORK 3, N. Y.

Minnesota, for instance, since March 1942, some 900 doctors, nurses, and physical therapy technicians have been graduated with the certification and approval of Miss Kenny.

The foundation has opened other centers for teaching the Kenny method at institutions in California, Georgia, Illinois, Indiana, New York, and Pennsylvania.

### New Nursing Class

"Trained attendants," educated, examined, and licensed under the laws of Missouri, will help relieve the shortage of registered nurses in that state. Legislation to authorize training and to establish standards has been enacted by the legislature; its sponsors included the state medical, hospital, and nurses' associations.

Attendants will be trained for a period of from nine to twelve months in basic nursing procedures for the aged, the mentally ill, the tuberculous, convalescents, invalids, new mothers, babies, and others who do not require special attention.

The new law stipulates that those who qualify before the Board of Examiners for Nurses will be given the official title of "licensed attendant" and be permitted to append "L.A." to their names. They may not, however, undertake care requiring an R.N.

### Municipal Plan

The village of Hempstead, N.Y., has set up a medical insurance plan covering 167 village employees, exclusive of the police force, which already had a departmental sick benefit fund. Officials said the Hempstead program was the first of its kind.

Covering physician services at office, home, or hospital, the plan was

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Men of the Marine Corps say letters keep up morale... Write that V-Mail letter today.

"Are the trout still biting in Seward's Creek? Is the rowboat caulked? Are the strawberries up?"

These are the things he thinks about. For these are the "little things" that to a soldier, as to all of us, add up to "Home."

It happens that to many of us these important little things include the right to enjoy a refreshing glass of beer. How good it is . . . as a beverage of moderation after a hard day's work . . . with good friends . . . with a home-cooked meal.

A glass of beer or ale—not of crucial importance, surely . . . yet it is little things like this that help mean home to all of us, that do so much to build morale—ours and his.

Morale is a lot of little things  
(As you, Doctor, know better than most)



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There is a critical shortage of paper, but, within the limits of numerous restrictions and regulations, we offer, as always, the most complete and most economical line of stationery, printing and record forms for the modern doctor.

### OUR NEW AND BIG CATALOGUE GIVES ALL THE DETAILS

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### PROFESSIONAL PRINTING COMPANY, INC.

*America's Largest Printers  
to the Professions*  
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## TEN-O-SIX

will give your patients  
prompt relief in . . .

## PRURITUS ANI PRURITUS VULVAE

Also efficacious in relieving the itching by eczema, acne, dermatoses, athlete's foot, etc. May we send you a bottle for clinical test work?



ME 6-44

BONNE BELL  
17609 Detroit Ave.  
Cleveland 7, Ohio

Please send me bottle of TEN-O-SIX Lotion  
for clinical test work.

Dr. ....

Address .....

City & State .....

arranged through the Medical Expense Fund of New York, Inc. The premium: \$18 a year per person. Individuals earning up to \$2,500 a year are entitled to full payment of doctors' bills; those earning more are insured on an indemnity basis, the physicians receiving allowances comparable to workmen's compensation fees.

Although technically the premiums are deducted from each employee's pay check, the village has granted wage raises equal to the annual cost.

### Group Practice

"It is silly to say that hospitals must not be permitted to practice medicine. They should be reorganized to do just that; to become medical centers, the source of highest quality medical care in any community, with all necessary equipment, complete subsidiary staff, and representation of all specialties."

So contended Dr. Kingsley Roberts, liberal New York physician, in a recent debate on group practice with Dr. Morris Fishbein at New York University.

Discussing preventive medicine, Dr. Roberts said that since U.S. Public Health Service physicians are the only ones who have done much of this work, and since it is not possible or desirable for all physicians to be salaried, group practice is the sole alternative.

### SSB Propaganda

The Social Security Board stands charged with propagandizing in favor of the Wagner-Murray-Dingell bill, in violation of a U.S. statute which bans the use of funds for such an activity by a Federal agency. The board is also charged with having



## *Cool Hot-Weather Breakfast* *Bolsters SUMMER ENERGY*

In summer especially, a cool inviting breakfast is a simple aid in rebuilding lowered vitality.

There's a world of appetite appeal — as well as good solid food-value—in a pair of crisply toasted Nabisco Shredded Wheat biscuits, surrounded with fruit or berries, topped with sugar. Add nourishing milk. There's a breakfast that's a boon to an invalid's comeback.

NABISCO SHREDDED WHEAT is a whole-grain cereal made from 100% whole wheat, rich source of food energy. Contributes Proteins, Carbohydrates, Vitamin B<sub>1</sub>, Iron, Phosphorus. Especially useful in supplementing the invalid's diet when other energy foods are low.



BAKED BY NABISCO . . .  
NATIONAL BISCUIT COMPANY

THE WHOLE-GRAIN WHOLE WHEAT CEREAL



invoked the very same law to prevent criticism of the bill by subordinate bodies. According to the Christian Science Monitor, the board recently disallowed a \$95.40 expenditure by the Unemployment Compensation Commission of Montana for 10,000 pamphlets attacking the Wagner measure. At the same time, the Monitor declares, the board "has become probably the most influential sponsor of socialized medicine. It has sent speakers to labor conventions, who have advocated the Wagner bill, and has broadcast to the labor press literature favoring its legislative proposals. Throughout it has urged 'action now.' The Social Security Board should confine itself to the non-propaganda policy it imposes on its own branches."

### V.D. Film Released

The V.D. educational film, "To the People of the United States," which has been under fire by the Legion of Decency, will be distributed in California by the state health department, Walter Wanger, its producer has announced. The motion picture, originally sponsored by the U.S. Public Health Service and made with the co-operation of the movie industry, was described as "essentially dignified and restrained" by the legion, which

nevertheless condemned it because "it fails to stress the evils of promiscuity."

As the National Council on Freedom from Censorship prepared to take up cudgels for the motion picture, a report was current in the industry that the PHS had withdrawn its sponsorship because of apprehension that the legion's protest might lead to Congressional curtailment of PHS funds.

### Quick Convalescence

"Forty-eight hours after an operation, the average soldier-patient is already engaged in light exercises," Lieut. Col. Howard A. Rusk of the Army Air Forces' rehabilitation division said recently, adding that soldiers with cast-immobilized arms or legs now play such games as softball and volleyball. Because of improved post-operative techniques, the Army has been able to cut the convalescent period in half, he said, and to return men to full duty in top physical condition.

Describing today's AAF hospital as "a combination gymnasium, university, athletic plant, and New England town hall," Colonel Rusk predicted that the new methods of treatment would greatly influence future medical and health practices as well.



**Formula:** "Pineoleum" with Ephedrine incorporates ephedrine (.50%), camphor (.50%), menthol (.50%), eucalyptus oil (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly-refined liquid petrolatum.

**Issued:** in 30 cc. dropper bottles and 1 pt. pharmacy bottles—also in jelly form.

Ephedrine — plus active, aromatic emollients, in an adherent oily base—impart unusual efficacy to this preferred nasal spray for quick, soothing relief of the acute sense of local congestion and irritation in pollinosis cases. Controlled clinical tests demonstrate Pineoleum's wide safety margin.

THE PINEOLEUM CO. • 17 STATE ST. • NEW YORK 4, N.Y.

**PINEOLEUM<sup>\*</sup> with EPHEDRINE**

\*Reg. U. S. Pat. Off.

# the Stuart formula

AVAILABLE IN TWO CONVENIENT FORMS: LIQUID AND TABLET  
ONE TABLESPOONFUL OR TWO TABLETS, Standardized to contain:

*Compare*  
**BALANCE, POTENCY AND  
COST—with other ethical  
multivitamin products**



Vitamin A (from purified fish liver oil)	5,000 U.S.P. units
Vitamin D (activated ergosterol) . . . . .	800 U.S.P. units
Vitamin C (ascorbic acid) (tablets only) . . . . .	1,500 U.S.P. units (75 milligrams)
Vitamin B <sub>1</sub> (thiamin chloride) . . . . .	1,250 U.S.P. units (3.75 milligrams; 3,750 micrograms)
Vitamin B <sub>2</sub> (riboflavin: vitamin G) . . . . .	3 milligrams (3,000 micrograms)
Vitamin P-P (niacin and niacin amide) . . . . .	25 milligrams (Pellagra preventive factor; member of B Complex) (25,000 micrograms)
Vitamin B <sub>6</sub> (pyrodoxin) . . . . .	200 micrograms
Calcium Pantothenate (tablets only) . . . . .	500 micrograms
Pantothenic Acid (liquid only) . . . . .	200 micrograms
Vitamin E (natural tocopherol) . . . . .	1 milligram (1,000 micrograms)
Iron (ferrous sulphate) . . . . .	15 milligrams
Manganese (manganese sulphate) . . . . .	7.5 milligrams
Iodine (potassium iodide) . . . . .	0.15 milligram
Food Copper . . . . .	{ tablet: 20 micrograms liquid: 250 micrograms

Together with Biotin, Folie Acid, and other members of the vitamin B Complex derived from natural sources.

*Sold through ethical methods only*

The Stuart Company: PASADENA, CALIFORNIA • WINNETKA, ILLINOIS

as physical education and recreational programs. After the war, he asserted, rehabilitation will be "a big business and a serious business."

Seven convalescent centers in various parts of the country had already been established by the AAF, he announced. In these centers, wounded men are given vocational, aptitude, and functional tests to guide them in gauging their potentialities in terms of their disabilities.

#### Collector's Item

After he had received thirty-two phone calls in forty-five minutes, a St. Louis, Mo., man recently swore out a warrant charging a bill collector with disturbance of the peace. Previously, the collector had phoned the complainant eleven times in one day and twenty-nine times on another, all at his place of employment.

The municipal court allowed the defendant's attorney a continuance in order to prepare a memorandum in support of his argument that it is no breach of the peace to telephone a debtor in an effort to effect collection of a just debt.

#### Caries Study

Plans were going forward last month for a clinical study that will involve the entire populations of two small American cities and take ten years to complete. The study will test the value of sodium fluoride in preventing tooth decay. Newburgh, N.Y., population 32,000, has been selected as the subject city, and Kingston, of similar size and about thirty miles distant, as control. In the test, sodium fluoride will be introduced into Newburgh's water supply at the ratio of 1:1,000, while Kingston's

## PRESURGICAL IODINE REMISSION Free from the Threat of Intoxication

In the presurgical administration of iodine to the thyrotoxic patient, dependability of the iodine preparation employed is essential. For the golden opportunity of iodine remission comes but once; discontinuation of therapy because of iodine intoxication robs the surgeon of the favorable period when the basal metabolic rate has reached its low level and the patient's condition is at its best. Subsequent iodine administration usually fails to bring about a second remission.

With Amend's Solution, iodine intoxication is virtually unknown. Patients tolerate it without reaction. It leads to iodine remission as quickly as any other iodine preparation, but without threat of intoxication.

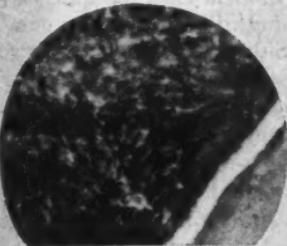
Amend's Solution contains 12 per cent resublimed iodine chemically linked to a protein molecule, in stable aqueous solution. It leads to high iodine blood levels without fluctuations, thus eliminating the factor thought to be responsible for intoxication.

*Thos. Leeming & Co. Inc.*

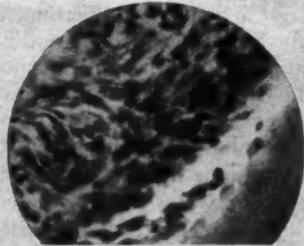
155 East 44th Street, New York 17, N. Y.

*Amend's* SOLUTION

## Report of RESEARCH in tissue irritation



**SUTURE A** — Tissue reaction at 7 days to non-boilable catgut suture, Brand A, containing substantial amounts of sterilizing medium. Intensity is shown by the closely packed layer of leucocytes extending back some distance from the suture.



**CURITY** — Tissue reaction at 7 days to Curity Non-boilable Catgut Suture. Macrophages and fibroblasts predominate, few leucocytes present, indicating minimal tissue reaction.

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vestigations of various non-boilable catgut sutures demonstrated that residual sterilizing medium, long a result of the standard high-heat process used by suture makers in sterilizing non-boilable catgut, produces tissue irritation in approximate proportion to the amount of sterilizing medium present in the finished product.

Bauer & Black has perfected a refinement

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With doctors and hospitals, Curity Specialty Sutures and Emergency Tubes are more and more important as time-savers, and as effective tools in the interest of better surgery.

For hospital or home delivery, Curity OB and Circumcision Sutures with eyeless needles are ideal... and, to meet a wide range of situations, there are the Curity Emergency Tubes which give you a choice of six materials, in a satisfying variety of gauges, with the standard half-curved cutting needle.

Products of  
**BAUER & BLACK**  
Division of The Kendall Company, Chicago

RESEARCH... TO ESTABLISH  
A FINE BALANCE OF NECESSARY CHARACTERISTICS

of the sterilizing process which reduces the residue of sterilizing medium in Curity Non-boilable Catgut Sutures to a minimum that is not significant in tissue irritation. The refined process also controls this minimal content and eliminates its variations.

Thus the Bauer & Black continuing research program again offers you a finer Curity Suture.

## Curity Sutures for your SPECIAL needs



Plastic work and the more critical repairs call for Curity Single Filament Zytor with an eyeless needle. Also available are Dermal Sutures with three types of eyed needles for general skin suturing.

Ask your dealer—or the Bauer & Black representative—for Curity Specialty Sutures.



water will be kept *au naturel*. At the start, 1,000 children in each city will undergo a dental examination, and during the ten year study periodic observations will be made in the schools.

The test is expected to make available exact scientific data on the phenomenon, heretofore observed, that where sodium fluoride is naturally present in a water supply, the community's incidence of tooth caries is remarkably low.

### Would Oust Fishbein

Dismissal of Dr. Morris Fishbein as editor of the Journal AMA and as "official spokesman for the medical profession" was demanded by the California Medical Association in a resolution adopted at its meeting last month. The society charged that Dr. Fishbein is not properly representing medicine before the public.

### Garfield Reports

"Medical care for the sick is becoming a diminishing economy," says Dr. Sidney R. Garfield, director of the Kaiser-sponsored Permanente Foundation Hospital, Oakland, Cal., in his first annual report on that institution. Henceforth, he declares, group practice should "place the accent on the prevention of illness. How much easier to transfer the economy of medicine to payment for keeping the patient well! Such becomes the case with prepaid group medicine operating in efficient facilities. The fewer the sick the more the remuneration; the less serious the illness the better off the patient and the doctor."

Today, says Dr. Garfield, trained young men "spend the best years of their lives waiting to be discovered and meanwhile "are disillusioned

**Features** exclusive to Hamilton owners are just one of the plus values the physician receives in Hamilton Modern Medical Furniture.

This one — concealed stirrups, is much appreciated by hundreds of physicians and their patients. (Pat. No. 2,223,784). Out of the way within the foot of the table when not in use, as shown by the white lines in the illustration. When needed — quickly in place and firmly mounted.



This and other features are shown in detail in the Hamilton catalog of Modern Medical Furniture sent gladly to any physician that asks for it. Use the coupon please.

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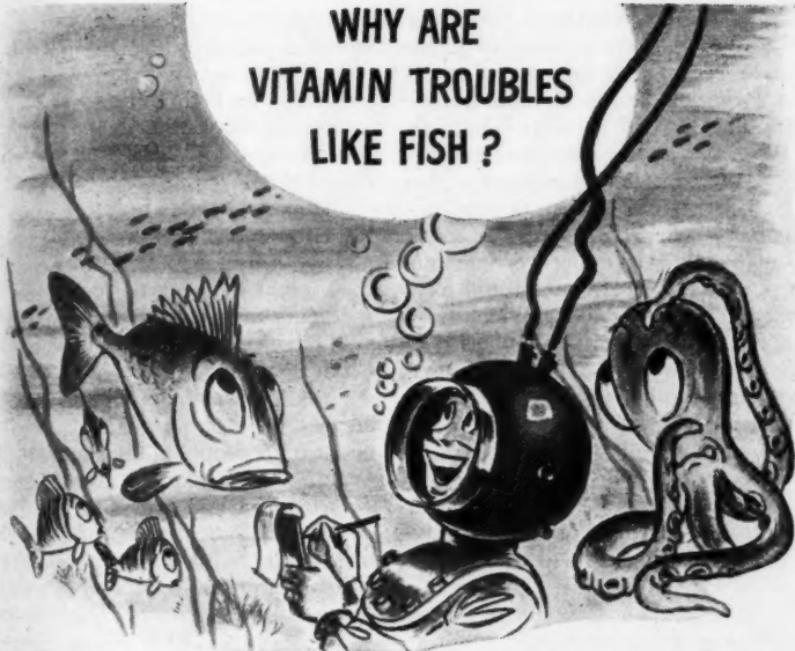
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## WHY ARE VITAMIN TROUBLES LIKE FISH?



MANY vitamin deficiencies, like fish, run in schools—more than one deficiency to a patient.

For treating *multiple* vitamin deficiency, you have a potent ally in IMPROVED Ol-Vitum—the "8-Vitamin" Capsules. Each Ol-Vitum capsule is *complete* as far as accepted daily requirements are concerned.

Each capsule contains the following 8 vitamins—A, B<sub>1</sub>, B<sub>2</sub>, B<sub>6</sub>, C, D, Niacin Amide and Pantothenic Acid. Each capsule supplies the following ratio to minimum daily requirements:

*Adults & Children Children 6 to 11  
over 12 yrs. years, incl.*

Vitamin A.....	125%	166%
Vitamin B <sub>1</sub> .....	150%	200%
Vitamin B <sub>2</sub> (G).....	100%	*
Vitamin C.....	100%	150%
Vitamin D.....	250%	250%

\*Requirements not established

(Minimum daily requirements for Niacin Amide or need in human nutrition for Vitamin B<sub>6</sub> or Pantothenic Acid not established.)

IMPROVED Ol-Vitum Capsules are a most convenient way to assure adequate vitamin intake inexpensively. They are a product of "The House of Vitamins." International Vitamin Corporation are leaders in the research and production of vitamin products. They specialize solely in vitamin manufacture—have never made anything but vitamin products.

**Improved**  
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*The "8-Vitamin" Capsule*

and often forced to step beyond their fields and ability because of financial reasons." But such a man entering a group "could immediately be used to his full capacity," because the group "sponsors the young man."

Would physicians support a plan "which permits doctors a good income, which provides full care so economically even under wartime distress, which is independent and pays off the cost of facilities, which does not need endowment or charity to support it, which can provide its own research and training, and which does all these more effectively if the patients are kept well?" Dr. Garfield asks. "I am sure they would. It could be done painlessly and harmlessly in the following way. For example, give the doctor three choices:

1. Private practice;
2. Part-time private practice, part-time group medicine;
3. Full-time group medicine.

"Health centers should then be constructed at various strategic areas throughout the state. A board of physicians of university caliber would arrange those working full-time group medicine into ideal groups—or as nearly ideal as possible—and staff the centers with them.

"Naturally, the older men with large practices would remain in pri-

vate practice. The younger men would desire full-time group medicine. The in-between age would be part-time and thus back up the younger doctors. Men returning from the Army would probably be inclined to join groups.

"Thus as years go by there would be a natural progression of young men to full-time group practice as they grow older; part-time group medicine and probably full-time private practice would gradually diminish or disappear.

"Medical care plans run by an overall medical group would insure the majority of people in the state. Doctors in city or country would get equalized income and equalized facilities. Sabbatical years and vacations would be possible, as also would be freedom from being tied to a telephone.

"Under such a plan quackery and cults in medicine would tend to be eliminated. Competition would exist between groups for reputation, which would be healthier than competition between individuals. Health centers and hospitals would be self-supporting and research could be self-supporting. Free choice would be the free choice of a group. There is no problem in medicine that such an arrangement could not answer."

## SAFETY FOR YOUR BABIES



### KIDDIE-KOOP KIDDIE-BATH KIDDIE-YARD KIDDIE-TRAINER

Babies deserve the protection—mothers appreciate the convenience of these four Trimble products: KIDDIE-KOOP, the safety-screened crib; TIP-TOP KIDDIE-BATH, to make baby bathing easy; KIDDIE-YARD for protected, off-the-floor play; KIDDIE-TRAINER, for sound toilet training.

New booklet "Making the World Safe for Baby" by Beulah France, R.N., describes these nursery necessities against a background of helpful information for mothers. May we send you one or more copies? Write to: Trimble, Inc. 30 Wren St., Rochester 13, N. Y.



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